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COUNTY OF LOS ANGELES  
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December 1, 2005

Honorable Board of Supervisors  
County of Los Angeles  
Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**AMENDMENT OF THE BYLAWS OF THE PROFESSIONAL STAFF ASSOCIATION OF THE  
LOS ANGELES COUNTY - MARTIN LUTHER KING, JR./CHARLES R. DREW MEDICAL  
CENTER  
(2<sup>nd</sup> District) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

Approve, and instruct the Chairman to sign, the attached Bylaws of the Professional Staff Association of the Los Angeles County - Martin Luther King, Jr./Charles R. Drew Medical Center as amended (Exhibit I), effective upon Board approval and continuing for an indefinite period of time, with no fiscal impact.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:**

In approving this action, the Board is authorizing revisions to the Bylaws of the Professional Staff Association of the Los Angeles County - Martin Luther King, Jr./Charles R. Drew Medical Center ("PSA"). These revisions are recommended at this time to reflect changes in procedures, responsibilities, and relationships of the PSA resulting from activities in connection with the hospital's preparation for survey by Medicare, and for accreditation by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO").

Section 2.76.540 of the Los Angeles County Code provides for the establishment of professional staff associations and privileges for professional staff in County hospitals. This code section requires that such organizations function in accordance with Bylaws which have been approved by the Board of Supervisors. The Bylaws of the Professional Staff Association of the Los Angeles County - Martin Luther King, Jr./Charles R. Drew Medical Center were last approved by the Board of Supervisors on January 4, 2005.

The attached Bylaws amendments were approved by the membership of the PSA on November 30, 2005, and have been approved by the Department of Health Services. For your convenience, a copy of the Bylaws which "redline" the changes is enclosed at Exhibit II.

**FISCAL IMPACT/FINANCING:**

None. There are no monetary payments associated with these Bylaws.

**FACTS AND PROVISIONAL/LEGAL REQUIREMENTS:**

The significant changes to the Bylaws being requested are as follows:

1. Add a definition of Ex-Officio Officer or Member;
2. Add verification of identity as a required function and change the time period for Credential Committee action in the appointment process. Also add verification that the physician is not excluded from participation in federal healthcare programs as part of the appointment and reappointment process;
3. Add exclusion from participation in a federal healthcare program as a basis for automatic suspension;
4. Change the status of Orthopedics and Ophthalmology from Divisions of the Department of Surgery, to their own departments, and modify the Department of Internal Medicine by adding a Division of Geriatrics and Gerontology, and deleting the Division of Allergy and Immunology and the Division of Rheumatology;
5. Clarify that any change in the organizational structure of the PSA requires a revision to the Bylaws, and must be approved by the full medical staff;
6. Change the title of the Secretary to Secretary/Treasurer, with no change in function;
7. Clarify that the election of officers will occur at the annual meeting, that only active members of the PSA may vote, and that a simple majority is required for election of an individual;
8. Change the Chief Executive Officer, the Dean of the Professional School and the Chief Nursing Officer to non-voting members of the Executive Committee, and adjust the duties of that committee to include oversight of the peer review process and evaluation of the hospital-wide performance improvement plan, among other changes;
9. Create greater flexibility in the composition of the members of various PSA committees;

10. Rename the Improving Organizational Performance Committee and adjust its duties to focus on physician performance issues. Responsibility for more general oversight of performance improvement will be assigned to a hospital-wide committee;
11. Reduce the duties of the Utilization Management Committee to conform to the historical practices of that group;
12. Require the Director of Medical Records to be a member of the Medical Records Committee;
13. Reformulate the duties of the Pharmacy and Therapeutics Committee to reflect a more active role in the prevention and handling of medication errors; increase the frequency of committee meetings from quarterly to at least 10 times per year;
14. Reduce the duties of the Blood Usage Review Committee to be consistent with historical practices;
15. Delete the Cancer Committee, the Research Committee, and the Risk Management Committee; none of these groups is required by either State law or JCAHO, and medical administration at King recommends their deletion;
16. Reduce the required meetings for the Patients Rights and Organizational Ethics Committee from quarterly to as needed, but no less often than annually;
17. Remove the presentation of department and committee reports from required agenda items at the annual meeting, which is consistent with historical practices;
18. Add quarterly PSA-wide meetings to provide the PSA's membership with updates on the actions of the Executive Committee and an opportunity to hear and discuss reports on the evaluation of clinical work done in the departments and committees, as well as reports on the performance of other PSA functions;
19. Modify the definition of a quorum to equal at least 15% of the voting members, and delete the requirement that each PSA member attend at least 50% of all PSA meetings, in addition to the annual meeting.

County Counsel has approved these Bylaws amendments (Exhibit I) as to form.

**CONTRACTING PROCESS:**

Not applicable.

Honorable Board of Supervisors  
December 1, 2005  
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**IMPACT ON CURRENT SERVICES (OR PROJECTS):**

None.

**CONCLUSION:**

The Department of Health Services is recommending that the Board approve the Bylaws of the PSA as amended.

When approved, this Department requires four signed copies of the Bylaws.

Respectfully submitted,



Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer

TLG:clo

Attachment (2)

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors

BYLAWS  
OF THE  
PROFESSIONAL STAFF ASSOCIATION  
OF THE LOS ANGELES COUNTY  
MARTIN LUTHER KING, JR./CHARLES R. DREW MEDICAL CENTER

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# PREAMBLE

The purposes of the Professional Staff Association of the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center shall be to maintain, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, professional standards for health services rendered to patients in the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center; to function as the single organized professional staff that has overall responsibility, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, for the quality of the professional services provided by persons with clinical privileges as well as the responsibility of accounting therefore to the Los Angeles County Board of Supervisors; to ensure that all patients receive high quality care; to offer a means of prompt and efficient cooperation with the Administration of the Medical Center, the Chief Medical Officer of Health Services, the Director of the Department of Health Services, the Los Angeles County Board of Supervisors, and Los Angeles County professional associations and schools; and to stimulate professional and scientific contributions by members of Professional Staff Association to increase the value of the Medical Center as a training institution for members of the Professional Staff Association, residents, interns, medical students, technicians and nurses, as well as members of the medical, dental and ancillary professions at large.

## DEFINITIONS

1. HOSPITAL or MEDICAL CENTER means the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center.
2. GOVERNING BODY means the Board of Supervisors of Los Angeles County.
3. DIRECTOR means the Director of the County Department of Health Services delegated by the Governing Body to act on its behalf in the overall management of Department of Health Services' hospitals and clinics, one of which is the Medical Center.
4. CHIEF MEDICAL OFFICER OF HEALTH SERVICES means the administrator, whose title is Chief Medical Officer of Health Services, appointed by the Director to act on behalf of the Director in the overall management of Department of Health Services' hospitals and clinics.
5. CHIEF EXECUTIVE OFFICER or ADMINISTRATOR means the person, whose title is Chief Executive Officer, appointed by the Director to act on behalf of the Director in the overall management of the Medical Center.
6. CHIEF MEDICAL OFFICER means the physician, whose title is Chief Medical Officer, appointed by the Director to act on behalf of the Chief Executive Officer in the management and attending staff coordination of the medical and professional affairs of the Medical Center.
7. PHYSICIAN means an individual who is a graduate of an approved school of medicine or osteopathy and who is licensed to practice medicine in the State of California.
8. DENTIST means an individual who is a graduate of an approved school of dentistry and who is licensed to practice dentistry and perform oral surgery in the State of California.
9. PODIATRIST means an individual who holds a D.P.M. degree conferred by an approved school and who is licensed to practice podiatry in the State of California.
10. CLINICAL PSYCHOLOGIST means an individual who holds an appropriate doctorate degree conferred by an approved school and who is licensed to practice clinical psychology in the State of California.
11. ATTENDING STAFF means all physicians, podiatrists, dentists, and clinical psychologists who attend or consult regarding patients at the Medical Center regardless of whether such persons are County Civil Service classified or unclassified employees, Association members, or holders of temporary or emergency privileges.
12. DEPARTMENT means those specialties recognized by the American Board of Medical Specialties when such specialties are granted such status under these bylaws. Dentistry is also designated as a department. A department may include one or more divisions.
13. DIVISION means those subdivisions of departments, designated under these bylaws, which may or may not be recognized as specialties by the American Board of Medical Specialties.
14. ALLIED HEALTH PROFESSIONAL means an individual other than a physician, podiatrist, dentist, or clinical psychologist, who exercises independent judgment within the areas of his/her professional competence and the limits established by the department, Association, and applicable law, who is qualified to render direct or indirect patient care under the supervision of an Association member, and who is licensed, and has been

accorded privileges, to provide such care in the Medical Center.

15. ASSOCIATION means the formal organization of licensed physicians, dentists, podiatrists, and clinical psychologists at the Medical Center which is formally known as the Professional Staff Association of the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center.
16. EXECUTIVE COMMITTEE means the Executive Committee of the Association.
17. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, podiatrist, or clinical psychologist who is applying for or exercising clinical privileges in the Medical Center.
18. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a practitioner to render specific diagnostic, therapeutic, medical, dental, podiatric, surgical, or clinical psychological services at the Medical Center.
19. ASSOCIATION YEAR means the period from the first day of July to the last day of June, inclusive.
20. PRESIDENT means the President of the Association.
21. PROFESSIONAL SCHOOL means the College of Medicine of the Charles R. Drew University of Medicine and Sciences.
22. DEAN means the Dean of the Professional School, who is also the Chief Academic Officer of the Professional School.
23. CHIEF NURSING OFFICER means the nurse, whose title is Chief Nursing Officer, appointed by the Director.
24. EX-OFFICIO OFFICER or MEMBER means a person who is automatically entitled to a position on a committee, for as long as he or she holds a certain office and shall not have voting rights.

## ARTICLE I

### NAME

The name of this organization shall be the Professional Staff Association of the Los Angeles County Martin Luther King, Jr./Charles R. Drew Medical Center.

## ARTICLE II

### MEMBERSHIP

#### SECTION 1. NATURE OF MEMBERSHIP

- A. Membership in the Association is a privilege which shall be extended only to professionally competent and licensed physicians, podiatrists, dentists, and clinical psychologists, who continuously meet the qualifications, standards, and requirements set forth in these bylaws.
- B. Physicians, dentists, podiatrists, and clinical psychologists employed by the Medical Center in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Medical Center and need not become members of the Association.
- C. Physicians, dentists, podiatrists, and clinical psychologists whose duties include clinical responsibilities or functions involving their professional capabilities, are eligible to apply for membership in the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- D. Interns, residents, fellows, allied health professionals, and students shall not be eligible for membership in the Association.
- E. Membership in the Association is separate and distinct from any individually granted clinical privileges, and Association membership shall not automatically confer any clinical privileges, and appointment to Association membership shall confer only those clinical privileges which have been granted in accordance with these bylaws.
- F. No practitioner who is not a County Civil Service classified employee shall admit or provide any health services to any patient in the Medical Center unless and until the practitioner becomes a member of the Association or has been granted temporary privileges in accordance with these bylaws.
- G. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner, who has any contract with the County to provide health services at the Medical Center, or who provides health services at the Medical Center under the contract of a non-County entity, shall automatically terminate on the date of expiration or termination of such contract, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her Association membership and clinical privileges to the extent necessary for any employment at the Medical Center as a County classified employee.

- H. Notwithstanding any other provision of these bylaws, if a practitioner, who provides health services at the Medical Center under the contract of a non-County entity, has his/her authority to provide such services limited or restricted by such non-County entity, then those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated on the date, if any, that the Executive Committee, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her clinical privileges to the extent necessary for any employment at the Medical Center as a County Civil Service classified employee.
- I. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate on the date of termination of County employment or on the date that the practitioner transfers or is assigned to another County facility, unless prior to such applicable date, the Executive Committee, in its sole discretion, does not approve in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

## SECTION 2. QUALIFICATIONS FOR MEMBERSHIP

Only physicians, podiatrists, dentists, and clinical psychologists licensed to practice in the State of California who can document their background, experience, training, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), and demonstrated competence, their adherence to the ethics of their profession, their good reputation, their current physical and mental health status, and their ability to work with others, with sufficient adequacy to demonstrate to and assure the Association and the Director that they are professionally and ethically competent and qualified and that any patient treated by them in the Medical Center will be given a high quality of care, shall be qualified for membership in the Association. No physician, podiatrist, dentist, or clinical psychologist shall be entitled to membership in the Association or to the exercise of any clinical privileges in the Medical Center merely by virtue of the fact that he/she is duly licensed to practice medicine, podiatry, dentistry, or clinical psychology in this or any other state, or that he/she is a member of any professional organization, or that he/she had in the past, or presently has, such privileges at another hospital.

## SECTION 3. CONDITIONS AND DURATION OF APPOINTMENT

- A. Initial appointments and reappointments to the Association shall be made by the Director. The Director shall act on appointments, reappointments, or suspension or revocation of appointments only after there has been a recommendation from the Executive Committee as provided in these bylaws, provided that in the event of unwarranted delay on the part of the Executive Committee, the Director may act without such recommendation on the basis of documented evidence of the applicant's or Association member's professional and ethical qualifications obtained from reliable sources other than the Executive Committee.
- B. Except as otherwise provided in Section 3 of Article III, initial appointments shall be provisional for a maximum period of six (6) months. Prior to the conclusion of the provisional period, the appropriate department chair shall recommend to the Credentials

Committee which shall recommend to the Director through the Executive Committee the removal of provisional status and appointment to the Active Staff, Consulting Staff, or Courtesy Staff, as appropriate, or the termination of the appointment. Initial appointments and any reappointments shall each be for a period of not more than twenty-four (24) months.

- C. Appointment to the Association shall confer on the appointee only those clinical privileges as have been granted by the Director in accordance with these bylaws.
- D. Every application for membership shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every member's obligation to abide by the Association bylaws, rules and regulations, and applicable Governing Body policies; to accept committee assignments; to accept consultation assignments; and where applicable by reason of medical, surgical, podiatric, dental, or clinical psychological privileges being sought, to provide proper care and supervision of his/her patients; to participate in staffing the teaching service areas and other special care units; to participate in the quality assessment and improvement and peer review activities of the departments and divisions; and to acknowledge that all patients of the Medical Center should be a part of the established educational program.

#### SECTION 4. NONDISCRIMINATION

No applicant shall be denied Association membership or clinical privileges on the basis of age, gender, race, creed, color, national origin, or any other criterion not based on professional justification.

#### SECTION 5. BASIC RESPONSIBILITIES OF ASSOCIATION MEMBERSHIP

The ongoing responsibilities of each Active Staff, Provisional Staff, Consulting Staff, and Courtesy Staff member of the Association shall include, but are not limited to

- A. Providing patients with continuing care and quality of care meeting the professional standards of the attending staff of the Medical Center.
- B. Abiding by the Association bylaws and rules and regulations and departmental rules and regulations.
- C. Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Association membership, including, but not limited to, committee assignments and performance improvement and risk management activity.
- D. Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Medical Center.
- E. Abiding by the lawful ethical principles of the California Medical Association and/or the member's professional association.
- F. Participating in any Association approved educational programs for members of the attending staff, nurses and other personnel, as requested.
- G. Working cooperatively with members, nurses, Medical Center Administration to ensure proper patient care.

- H. Making appropriate arrangements for coverage of the member's patients as determined by the Association.
- I. Refusing to engage in improper inducements for patient referral and adhering to County policy regarding "running and capping".
- J. Participating in continuing education programs as determined by the Association.
- K. Participating in such emergency coverage or consultation panels as may be determined by the Association.
- L. Discharging such other attending staff obligations as may be lawfully established from time to time by the Association.
- M. Providing information to and/or testifying on behalf of the Association, the County or any practitioner under review regarding any matter under review pursuant to Articles VI and VII.
- N. Notifying, in writing, the Chief Medical Officer immediately after, but in no event later than ten(10) days after, the occurrence of any of the following: (1) the practitioner is notified in writing by the Medical Board of California or other appropriate State licensing agency that an investigation regarding the practitioner is being conducted, (2) the practitioner is served with an accusation by the Medical Board of California or other appropriate State licensing agency, (3) the practitioner is served with a statement of issues by the Medical Board of California or other appropriate State licensing agency, (4) the practitioner's membership and/or clinical privileges are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health care facility, (5) the practitioner's membership in any local, state, or national medical societies, his/her Drug Enforcement Administration certificate, or his/her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished, and/or (6) any professional liability litigation involving the practitioner proceeds to final judgment, is settled, or is in progress.
- O. Abiding by all Association and Department of Health Services policies and procedures, including, without limitation, those related to the Health Insurance Portability and Accountability Act (HIPAA).

### ARTICLE III

#### CATEGORIES OF ASSOCIATION MEMBERSHIP

##### SECTION 1. MEMBERSHIP CATEGORIES

The Association membership shall be divided into:

- A. The Active Staff
- B. The Provisional Staff
- C. The Consulting Staff

D. The Emeritus Staff

E. The Courtesy Staff

## SECTION 2. ACTIVE STAFF

The Active Staff shall consist of physicians, dentists, podiatrists, and clinical psychologists who regularly admit or attend patients in the Medical Center and who assume all the functions and responsibilities of membership in the Association, including, where appropriate, teaching and consultation assignments. Members of the Active Staff shall be appointed to a specific department, shall be eligible to vote, to hold office and to serve on Association committees, and shall be required to attend department meetings. Members of the Active Staff shall have completed the residency or other training requirements for an American specialty board certification, if applicable, or have satisfied the eligibility requirements of the applicable department as approved by the Executive Committee, or have completed five (5) years in active practice in their specialty, and shall have the recommendation of their department chair for such status.

## SECTION 3. PROVISIONAL STAFF

The Provisional Staff shall consist of physicians, dentists, podiatrists, and clinical psychologists who have provisional status as described in Article II, Section 3 (B), and who immediately prior to their application were not members of the Association. They shall be entitled to exercise such clinical privileges as are granted pursuant to these bylaws and to attend Association, committee and department meetings, but shall not be eligible to hold office in the Association or to vote in Association, committee or department meetings unless that right is specified at the time of appointment.

Provisional Staff members shall undergo a period of proctoring and observation by designated Association members to evaluate the Provisional Staff member's proficiency in the exercise of clinical privileges initially granted and overall eligibility for continued Association membership and advancement within Association staff membership categories. Proctoring and observation of Provisional Staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the Provisional Staff member, including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. There should be at least ten (10) cases monitored and evaluated, or a sufficient variety and number of cases monitored and evaluated representative of the requested privileges, depending upon the scope of clinical privileges requested. Appropriate records shall be maintained by the department. The results of the proctoring and observation shall be submitted by the department chair to the Credentials Committee. A Provisional Staff member shall remain in the Provisional Staff membership category for a maximum period of six (6) months, unless the Director, upon recommendation of the Executive Committee, based on a report from the Credentials Committee, determines to extend that status for an additional period of up to six (6) months upon a finding of good cause, which determination shall not be subject to a hearing and appellate review pursuant to Article VII. If the Provisional Staff member has satisfactorily demonstrated his/her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Association membership, the Provisional Staff member shall be eligible for appointment by the Director as an Active Staff, Consulting Staff, or Courtesy Staff, as appropriate, upon recommendation of the Executive Committee. In all other cases, the appropriate department chair shall advise the Credentials Committee, which shall make its report to the Executive Committee, which, in turn, shall make its recommendation to the Director for a determination regarding any modification or termination of clinical privileges and Association membership.

## SECTION 4. CONSULTING STAFF

The Consulting Staff shall consist of physicians, podiatrists, dentists and clinical psychologists qualified for Active Staff membership but who only occasionally admit or attend patients at the Medical Center, who act only as consultants, or who are associated with the Medical Center in connection with a specific project. Consulting Staff members shall be appointed to a specific department and shall be eligible to serve on Association committees and to vote on matters before such committees. They shall not be eligible to vote at Association meetings or to hold office, nor are they required to attend Association or department meetings, although they are encouraged to do so.

#### SECTION 5. EMERITUS STAFF

Physicians, dentists, podiatrists, and clinical psychologists who have retired from Active Staff membership may apply for Emeritus Staff status. Emeritus Staff members shall be appointed to a specific department and shall be eligible to vote at Association meetings. They shall not be eligible to apply for clinical privileges, to admit or attend patients or to hold office, nor are they required to attend Association or department meetings, although they are encouraged to do so.

#### SECTION 6. COURTESY STAFF

The Courtesy Staff shall consist of physicians, podiatrists, dentists and clinical psychologists qualified for Active Staff membership but who only occasionally admit or attend patients at the Medical Center or who only occasionally act as consultants on patients at the Medical Center. In addition to all other requirements for membership, each Courtesy Staff member must be either: (1) a member in good standing of the of at least one licensed California general acute care hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations or (2) a physician, dentist, podiatrist or clinical psychologist who is employed by the County of Los Angeles in a County Civil Service classified employee position, who provides patient care exclusively at a hospital, comprehensive health center or health center owned and operated by the County of Los Angeles, and who has received the recommendation of the Chief Medical Officer of the applicable County hospital, comprehensive health center or health center for membership in the Courtesy Staff. Courtesy Staff members shall be appointed to a specific department. They shall not be eligible to serve on Association committees and shall not be eligible to vote at Association or department meetings or to hold office. They are not required to attend Association or department meetings, although they are encouraged to do so.

### ARTICLE IV

#### PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

##### SECTION 1. APPLICATION FOR APPOINTMENT

- A. All applications for appointment to the Association shall be in writing, shall be signed by the applicant, and shall be submitted to the Director only after review by the Chief Medical Officer, the Credentials Committee, and the Executive Committee. The application form shall be approved by the Executive Committee and shall require detailed information concerning the applicant's current California licensure, experience, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), verification of identity, verification from the Office of Inspector General's (OIG) list of Excluded Individuals/Entities of non-exclusion from participation in the Medicare, Medicaid, and all Federal health care programs, privileges

requested, and, if applicable, current insurance coverage as indicated in Article XIV, and other qualifications, and shall include the names of at least three (3) persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's current professional competence, ethical character, and physical and mental health status. In addition, the application shall include, but not be limited to, all information as to: (1) whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily , revoked, suspended, reduced, not renewed, or relinquished at any other hospital or health facility; (2) whether the applicant's membership in any local, state or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced, or relinquished, and (3) whether any professional liability litigation involving the applicant has been to final judgment, has been settled, or is in progress.

- B. In connection with all applications for appointment, the applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, ethical character, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XIV, for resolving any doubts about these matters, and for satisfying all requests for information . The applicant's failure to fulfill this requirement, the applicant's withholding of any relevant information, or the applicant's submission of any inaccurate information, shall be grounds for denial of the application. In addition, the applicant may be required to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee, which may select the examining physician. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant.
- C. By applying for appointment to the Association, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application and authorizes the representatives of the County of Los Angeles, the Association, and/or the Professional School, to consult with members of medical staffs of other hospitals or health facilities with which the applicant has been associated and with others who may have information bearing on his/her competence, ethical character, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications, and, if applicable, current insurance coverage as indicated in Article XIV, and to an inspection by the above of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he/she requests, as well as of his/her moral and ethical qualifications for membership. In addition, the applicant by applying for appointment releases from any liability the County of Los Angeles, the Association, the Professional School, and their respective officers, employees or agents, for any of their acts performed in good faith and without malice in

connection with evaluating the applicant and his/her qualifications and credentials, and also releases from any liability all individuals and organizations that provide information to the above in good faith and without malice concerning the applicant's competence, ethical character, physical and mental health status, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications and, if applicable, current insurance coverage as indicated in Article XIV, for Association membership and clinical privileges, including otherwise privileged or confidential information.

- D. The application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to his/her application.
- E. In evaluating the applicant's eligibility for Association membership, consideration shall be given to other factors, including but not limited to: (1) the Medical Center's ability to provide adequate facilities and supportive services for the applicant and his/her patients; (2) patient care requirements for additional attending staff members with the applicant's skill and training; (3) the Medical Center/community needs for the applicant's services; and (4) the geographic location of the applicant.
- F. The application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of his/her application.
- G. Acceptance of membership in the Association shall constitute the member's agreement that he/she will strictly abide by the Guiding Principles for Physicians - Hospital Relationships of the California Medical Association, as well as the Code of Medical Ethics of the American Medical Association, the Principles of Ethics and Code of Professional Conduct of the American Dental Association, the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, or the Code of Ethics of the American Podiatry Medical Association, whichever is applicable.

## SECTION 2. APPOINTMENT PROCESS

- A. The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the Chief Medical Officer, who shall verify the references, education, training, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant. It shall be the applicant's

responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials to the Credentials Committee for evaluation.

- B. Within seventy-five (75) days after receipt of the completed application for membership, the Credentials Committee shall review the application and other information submitted to the Chief Medical Officer and make a written report of its investigation to the Executive Committee. Prior to making this report, the Credentials Committee shall examine the evidence of the character, professional competence, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications of the applicant, and, if applicable, the current insurance coverage as indicated in Article XIV, and shall determine, through information contained in references given by the applicant and from other sources available to the Committee, including, but not limited to, the recommendations from the department in which privileges are sought, as submitted to the Credentials Committee, whether the applicant has established and meets all of the necessary qualifications for the category of Association membership and the clinical privileges requested by him/her. Every department in which the applicant seeks clinical privileges shall provide the Credentials Committee with specific, written recommendations for delineating the applicant's clinical privileges, and these recommendations shall be made a part of the Committee's report. Together with its report, the Credentials Committee shall transmit to the Executive Committee the completed application and a recommendation that the applicant be either appointed to the Association or rejected for Association membership, or that the application be deferred for further consideration. Where rejection or deferment is recommended, the reasons for such recommendation shall be stated along with the recommendation.
- C. At its next regular meeting following receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend to the Director, through the Chief Medical Officer, that the applicant be provisionally appointed to the Association, that he/she be rejected for Association membership, or that his/her application be deferred for further consideration.
- D. When the recommendation of the Executive Committee is to defer the application for further consideration, the reason for deferment should be stated, and the recommendation must be followed up within sixty (60) days with a subsequent recommendation for provisional appointment with specified clinical privileges or for rejection for Association membership.
- E. When the recommendation of the Executive Committee is favorable to the applicant, the recommendation shall promptly be forwarded, together with all the supporting documentation, to the Director, through the Chief Medical Officer.
- F. When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges, the President shall promptly so notify the applicant by certified or registered mail, return receipt requested. No such adverse recommendation shall be forwarded to the Director until after the applicant has exercised or has been deemed to

waive his/her right to a hearing as provided in Article VII.

- G. If the aggrieved applicant has requested a hearing as provided in Article VII , and if the hearing has resulted in a decision either at the hearing or appellate level which is favorable to the applicant, the applicant's application shall thereafter be processed in accordance with Subsection E of this Section 2.
- H. Within fifteen (15) days after the receipt of a favorable recommendation by the Executive Committee, the Director shall act in the matter. If the Director's decision is adverse to the applicant in respect to either appointment or clinical privileges, the Director shall promptly notify him/her of such adverse decision by certified or registered mail, return receipt requested, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived his/her rights under Article VII and until there has been compliance with Subsection J of this Section 2. The fact that the adverse decision is held in abeyance shall not be deemed to confer membership or privileges where none existed before.
- I. In the event the applicant waives or fails to exercise his/her rights under Article VII, the Director's decision shall be considered final, except that the Director may defer final determination by referring the matter to the Executive Committee for further reconsideration. Any such referral-back shall state the reasons therefore and shall set a time limit not to exceed sixty (60) days within which a subsequent recommendation to the Director shall be made. After receipt of such subsequent recommendation and new evidence in the matter, if any, the Director shall make a decision either to appoint the applicant to Association membership or to reject him/her for membership. All decisions to appoint shall include a delineation of the clinical privileges which the appointee may exercise.
- J. Whenever the Director's decision will be contrary to the recommendation of the Executive Committee, the Director shall submit the matter to a committee composed of the Chief Medical Officer, Chief Executive Officer, the President, and the department chair involved for review and recommendation and shall consider such recommendation before making his/her decision final. Such committee shall report back to the Director within fifteen (15) days with its recommendation, and the Director shall render a decision within fifteen (15) days after his/her receipt of such recommendation.
- K. When the Director's decision is final, he/she shall send notice of such decision to the President of the Association, to the chair of the department involved, and by registered or certified mail, return receipt requested, to the applicant.

### SECTION 3. REAPPOINTMENT PROCESS

- A. At least ninety (90) days prior to the end of a member's period of appointment, the member shall submit an application for reappointment to the Chief Medical Officer. Such application shall require information concerning changes in physical and mental health status and other qualifications of the member since the previous review of the member's qualifications, including, but not necessarily limited to, privileges requested, evidence for change of privileges, continuing education, present status of California licensure, experience, Drug Enforcement Administration certification (for physicians, dentists and podiatrists),

verification from the Office of Inspector General's (OIG) list of Excluded Individuals/ Entities of non-exclusion from participation in the Medicare, Medicaid, and all Federal health care programs, and, if applicable, current insurance coverage as indicated in Article XIV. In addition, the application shall include, but not be limited to, all information as to: (1) whether the member's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health facility; (2) whether the member's membership in any local, state or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced or relinquished; and (3) whether any professional liability litigation involving the member has been to final judgment, has been settled, or is in progress. The Chief Medical Officer shall verify the references, education, training, current licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall promptly notify the member of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member. It shall be the member's responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials to the appropriate department chair. The department chair shall review all pertinent information available on each member of his/her department who applies for reappointment and who is scheduled for periodic appraisal. This review shall also include an assessment of information collected in the course of the Medical Center's Quality Assessment and Improvement Program regarding the member's professional performance, as well as practitioner-specific information regarding professional performance. Each department shall develop and monitor the practitioner-specific information and compare this data to relevant benchmarks. The department chair shall, no later than sixty (60) days prior to the end of the member's period of appointment, forward this information to the Credentials Committee for the purpose of determining its recommendations for reappointment to the Association and for the granting of clinical privileges for the ensuing two year period. The Credentials Committee shall transmit its recommendations in writing to the Executive Committee. Where non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented.

- B. In connection with all applications for reappointment, the member shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, physical and mental health status, ethics, current California licensure, experience and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XIV, for resolving any doubts about these matters, and for satisfying all requests for information. The member's failure to fulfill this requirement, the member's withholding of any relevant information, or the member's submission of any inaccurate information, shall be grounds for denial of the application. In addition, the member may be required to submit to a medical or psychological examination at the member's expense, if deemed appropriate by the Executive Committee, which may select the examining physician. The Chief

Medical Officer shall promptly notify the member of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member.

- C. Each recommendation concerning the reappointment of a member and the clinical privileges to be granted upon reappointment shall be based upon documentation, furnished by the department chair, and other information requested of such member or otherwise obtained by the Credentials Committee, of such member's professional performance, competence, clinical and/or technical skills, judgment in the treatment of patients, as assessed in the Medical Center's performance improvement, risk management, and safety activities, and other qualifications, including, but not limited to, his/her professional practice outside the Medical Center; present status of his/her California licensure and Drug Enforcement Administration certification (for physicians, dentists and podiatrists); evidence of his/her physical and mental health status; his/her ethics and conduct; his/her professional practices outside the Medical Center; his/her attendance at department meetings; his/her participation in Association affairs; his/her compliance with the Association bylaws, rules and regulations; his/her current insurance coverage, if applicable, as indicated in Article XIV; his/her cooperation with Medical Center personnel; his/her use of the Medical Center's facilities; his/her relations with other attending staff members; and his/her general attitude toward patients, the Medical Center and the public.
- D. At least thirty (30) days prior to the end of the member's period of appointment, the Executive Committee shall make written recommendations to the Director, through the Chief Medical Officer, concerning the reappointment, non-reappointment and/or clinical privileges of each member then scheduled for periodic appraisal. Where non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented. Thereafter, the procedure provided in Subsections E through K of Section 2 of this Article IV relating to recommendations on applications for initial appointment shall be followed.
- E. If a member fails to submit an application for reappointment, completed in accordance with this Section 3, at least thirty (30) days prior to the expiration of his/her period of appointment, then (1) the member shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges upon such expiration and (2) the member shall be required to submit an application for initial appointment in accordance with the procedures described in Sections 1 and 2 of this Article IV.

#### SECTION 4. CHANGE IN MEMBERSHIP CATEGORY OR CLINICAL PRIVILEGES

Any Association member who, prior to his/her application for reappointment, requests a change in his/her membership category or clinical privileges shall submit an application in writing on the prescribed form at any time, except that no such application shall be submitted within twelve (12) months of the date a similar request was denied. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of this Article IV.

#### ARTICLE V

## CLINICAL PRIVILEGES

### SECTION 1. DELINEATION OF CLINICAL PRIVILEGES

- A. Every practitioner practicing at the Medical Center by virtue of Association membership or otherwise, shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Director, except as provided in Sections 2 and 3 of this Article V. All such clinical privileges shall apply only to the Medical Center.
- B. Every initial application for appointment and every application for reappointment to Association membership must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon documentation and verification of the applicant's current California licensure, education, training, experience, demonstrated current competence, references, an appraisal by the department in which requested privileges are sought, clinical performance at the Medical Center, the documented results of patient care and other quality review and monitoring which the Association deems appropriate, and other relevant information, including, but not limited to, pertinent information concerning clinical performance obtained from other hospitals and health care settings where the applicant exercises clinical privileges. It shall be the applicant's responsibility to obtain all required information. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges requested. Each applicant granted clinical privileges shall pledge that he/she shall provide for the continuous care of his/her patients.
- C. Applications for additional clinical privileges shall be in writing on the prescribed form. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of Article IV.
- D. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be carried out as part of the reappointment process and shall be based upon the observation of care provided, review of the records of patients treated in this or other hospitals, and review of the records of the Association which document the evaluation of the member's participation in the delivery of health care.
- E. Privileges granted to duly licensed dentists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist and oral surgeon may perform shall be specifically delineated and granted in the same manner as all surgical privileges, including, but not limited to, performance of admission history and physical examination if training is provided for this. Surgical procedures performed by dentists shall be under the overall supervision of the Chair of the Department of Surgery. All dental patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.
- F. Privileges granted to duly licensed podiatrists shall be based on their training, experience, and demonstrated competence and

judgment. In making their recommendations, the Executive Committee may consider the need for podiatry services which either are not presently being provided by other members of the attending staff or may be provided in the Medical Center without disruption of existing services. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists shall be under the overall supervision of the Chair of the Department of Surgery. All podiatric patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the attending staff shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

- G. Privileges granted to duly licensed clinical psychologists shall be based on their training, experience, and demonstrated current competence and judgment and shall not include the prescribing of any medications. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

## SECTION 2. TEMPORARY PRIVILEGES

- A. Pending Application for Association Membership

Upon receipt of a completed application for Association membership, including, without limitation, desired membership category and a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure, National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment, and service need or where the completed application raises no concerns and is awaiting review and approval of the Executive Committee and the Director, the Director may, with the written concurrence of the chair of the concerned department and of the President of the Association or the Chief Medical Officer, grant temporary clinical privileges to the applicant, but in exercising such privileges, the applicant shall act under the supervision of the chair of the department to which he/she is assigned. Such temporary privileges should not exceed a period of ninety (90) days in duration, but in no event shall exceed one hundred and twenty (120) days in duration.

- B. Patient Care Need by Non-Applicant for Association Membership

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of the desired clinical privileges, and verification of his/her references, education, training, current California licensure, National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Director may, with the written concurrence of the chair of the concerned department and the President or the Chief Medical Officer, grant temporary clinical privileges for the care of a specific patient to a practitioner who is not an applicant for Association membership. Such temporary privileges should not

exceed a period of ten (10) days in duration, but in no event shall exceed thirty (30) days in duration.

C. Locum Tenens

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure, National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Director may, with the written concurrence of the chair of the concerned department and the President or Chief Medical Officer, grant temporary clinical privileges to the practitioner to serve as a locum tenens for a member of the Association. Such temporary privileges should not exceed a period of ninety (90) days in duration, but in no event shall exceed one hundred and twenty (120) days in duration.

D. Special requirements of supervision and reporting may be imposed by the chair of the concerned department on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Director upon notice of any failure by the practitioner to comply with any such special requirements.

E. The Director may at any time, upon the recommendation of either the President or the chair of the concerned department, terminate a practitioner's temporary privileges effective as of the discharge from the Medical Center of the practitioner's patient(s) then under his/her care in the Medical Center. However, where it is determined that the life or health of such patient(s) would be endangered by continued treatment by the practitioner, the termination may be imposed by the Director immediately. The chair of the appropriate department, or in his/her absence, the Chief Medical Officer or the Director shall assign a member of the Association to assume responsibility for the care of such terminated practitioner's patient(s) until he/they are discharged from the Medical Center. The wishes of the patient(s), shall be considered where feasible in the selection of such substitute practitioner.

F. Each practitioner applying for temporary clinical privileges must sign an acknowledgment of having received and read the Association's current bylaws, rules and regulations, and applicable policies and the practitioner's agreement to be bound by their terms.

SECTION 3. EMERGENCY PRIVILEGES

A. For a Specific Patient

In case of an emergency involving a specific patient, any physician, podiatrist, dentist, or clinical psychologist who is a member of the Association or who holds a County Civil Service classified employee position and to the degree permitted by his/her license and regardless of service or Association status or lack of same, shall be permitted and assisted to do everything possible to save the life of a patient life or to save the patient from serious harm, using every facility of the Medical Center necessary, including, but not limited to, the calling for any consultation necessary or desirable. When an emergency situation

no longer exists, such physician, podiatrist, dentist, or clinical psychologist must request the privileges necessary to continue to treat the patient and shall defer to the appropriate department chair with respect to further care of the patient. In the event such privileges are denied or he/she does not desire to request privileges, the patient shall be assigned to an appropriate member of the Association. For the purpose of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger.

B. During a Disaster

In the case of a disaster where the Director, in consultation with the Chief Medical Officer or the Chief Executive Officer, has activated the Medical Center's Emergency Medical Plan, the Director or the Chief Medical Officer may grant emergency clinical privileges to any licensed physician, podiatrist, clinical psychologist, or dentist, to the degree permitted by his/her license, who does not possess privileges at the Medical Center and who indicates a willingness to provide patient care at the Medical Center during the disaster. A practitioner applying for emergency privileges shall provide to the Chief Medical Officer at least one (1) of the following: (1) a current picture hospital identification card, (2) a current license to practice and a valid picture ID issued by a state, federal or regulatory agency, (3) identification indicating that the presenting practitioner is a member of a Disaster Medical Assistance Team, (4) identification indicating that the presenting practitioner has been granted authority to render patient care in disaster circumstances, such authority having been granted by a federal, state, or municipal entity, or (5) presentation by current Association member(s) with personal knowledge regarding the presenting practitioner's identity.

Emergency privileges may be granted on a case-by-case basis following a review of the above documentation and other requested information, if any. In exercising emergency privileges, a practitioner shall act under the supervision of the chair of the department to which he/she is assigned and, if possible, shall be paired with an Association member who has a similar specialty. When the disaster no longer exists, as determined by the Director in consultation with the Chief Medical Officer, a practitioner's emergency privileges shall automatically terminate, and the practitioner must request the privileges necessary to continue to treat patients and shall defer to the appropriate department chair with respect to further care of patients. In addition, the Director, on his/her own initiative or upon the recommendation of the President of the Association, the Chief Medical Officer, or the chair of the concerned department, may terminate immediately a practitioner's emergency privileges for any reason or no reason at all, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

SECTION 4. TELEMEDICINE

Any person who desires to diagnose or treat patients via telemedicine link (e.g., telephone, e-mail, etc.) must apply for and be granted specific clinical privileges which allow for exercise by telemedicine link in accordance with these bylaws. Each department shall determine which clinical privileges, if any, of the department may be performed via telemedicine link.

## ARTICLE VI

### CORRECTIVE ACTION

#### SECTION 1. ROUTINE CORRECTIVE ACTION

- A. Whenever a practitioner with clinical privileges engages in any act, statement, demeanor, or professional conduct, either within or outside the Medical Center, which is or is reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care, (2) disruptive or deleterious to the operations of the Medical Center or improper use of Medical Center resources, (3) below applicable professional standards or (4) contrary to the Association's bylaws, rules or regulations, then corrective action against such practitioner may be requested by any officer of the Association, by the chair of any department, by the chair of any standing committee of the Association, by the Chief Medical Officer, by the Chief Executive Officer, by the Chief Medical Officer of Health Services or by the Director, upon the complaint, request, or suggestion of any person. All requests for corrective action shall be in writing, shall be made to the Executive Committee, and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request.
- B. Whenever corrective action is requested, the Executive Committee shall forward such request to the chair of the department wherein the practitioner has such privileges. Upon receipt of such request, the chair of the department shall immediately appoint an ad hoc committee to investigate the matter.
- C. Within thirty (30) days after the department's receipt of the request for corrective action, the department shall make a written report of its investigation to the Executive Committee. Prior to making such report, the practitioner against whom corrective action has been requested shall be offered an opportunity to appear for an interview at a reasonable time with the departmental ad hoc investigating committee. At such interview, the practitioner shall be informed of the general nature of the charges against him/her and shall be invited to discuss, explain or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the department and included with its report to the Executive Committee.
- D. Whenever the request for corrective action is directed against the chair of a department, the Executive Committee shall appoint an ad hoc investigating committee which shall perform all the functions of the departmental ad hoc investigating committee as described in Subsections B and C above.
- E. Within sixty (60) days following the receipt of the departmental ad hoc investigating committee's report, the Executive Committee shall take action upon the request for corrective action. In all cases, the affected practitioner shall be permitted to make an appearance at a reasonable time before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to

hearings shall apply thereto. A record of such appearance shall be made by the Executive Committee and included in its recommendation to the Director.

- F. The action of the Executive Committee on a request for corrective action shall be to make a recommendation to the Director. Such recommendation shall include one or more of the following:
- (1) Rejection of the request for corrective action;
  - (2) Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chair from issuing informal written or oral warnings outside the corrective action process;
  - (3) Imposition of terms of probation or special limitations on continued Association membership or exercise of clinical privileges, including, but not limited to, a requirement for consultation or proctoring;
  - (4) Reduction or revocation of clinical privileges;
  - (5) Termination, modification, or ratification of an already imposed summary suspension of clinical privileges;
  - (6) Suspension of clinical privileges until satisfactory completion of specific conditions or requirements;
  - (7) Suspension of Association membership until satisfactory completion of specific conditions or requirements;
  - (8) Revocation of Association membership;
  - (9) Other actions appropriate to the facts, including but not limited to, required reports to the Medical Board of California or other appropriate State licensing agency and/or to the National Practitioner Data Bank.
- G. The President of the Association shall promptly notify the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director, in writing, of all requests for corrective action received by the Executive Committee and shall continue to keep the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director fully informed of all actions taken in connection therewith. After the Executive Committee has made its recommendation in the matter to the Director, the Director shall render a decision within thirty (30) days and shall notify the practitioner in person or by registered or certified mail, return receipt requested. Thereafter, the procedure to be followed shall be as provided in Article VII.
- H. If the Governing Body determines that the Executive Committee has failed to initiate an investigation on a request for corrective action or to recommend disciplinary action, and that such failure is contrary to the weight of evidence, the Governing Body may direct the Executive Committee to initiate an investigation or recommend disciplinary action, but only after consultation with the Executive Committee and the Director. In the event the Executive Committee or the Director fail to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee and the Director in writing, shall have the authority to take action on its own

initiative against the practitioner and assume all the rights and responsibilities of the Executive Committee and the Director as provided in this Article VI.

## SECTION 2. SUMMARY SUSPENSION

- A. The President of the Association, the chair of any department, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, or the Director shall have the authority, whenever immediate action must be taken to reduce a substantial likelihood of imminent impairment to the health or safety of any patient, any prospective patient, any employee, or any other person present in the Medical Center, to recommend to the Director that all or any portion of the clinical privileges of a practitioner be summarily suspended, and such summary suspension shall become effective immediately upon imposition by the Director; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of a practitioner for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.
- B. Notwithstanding any other provision of these bylaws, when no person or body authorized by these bylaws is available to summarily suspend clinical privileges, the Governing Body or its designee may temporarily suspend all or any portion of the clinical privileges of a practitioner where there is a substantial likelihood of imminent impairment to the health or safety of any person so long as the Governing Body has, before the suspension, made reasonable attempts to contact the Executive Committee and the Director. A summary suspension by the Governing Body which has not been ratified by the Executive Committee and the Director within two working days (excluding weekends and holidays) after the suspension, shall automatically terminate; provided that additional such summary suspensions may be imposed by the Governing Body, not to exceed a total of ten (10) working days for the entire period of the summary suspension, if the Executive Committee is unable to meet to ratify the summary suspension.
- C. A summary suspension shall become effective immediately upon imposition, and the person or body responsible therefore shall promptly give oral or written notice of the summary suspension to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. The notice of suspension given to the Executive Committee shall constitute a request for corrective action, and the corrective action process set forth in Section 1 of this Article VI shall be followed. The summary suspension shall continue in effect during the pendency of the corrective action process and of the hearing and appellate review process under Article VII unless the summary suspension is previously terminated as provided in these bylaws.
- D. A practitioner whose clinical privileges have been summarily suspended shall not be entitled to request a hearing on the matter under Article VII until after the corrective action process set forth in Section 1 of this Article VI has been complied with and the Director has taken action under the corrective action process pursuant to Section 1(G) of this Article VI, and then only if the action taken constitutes grounds for a hearing under Article VII.

- E. Immediately upon the imposition of a summary suspension, the Director, the Chief Medical Officer or responsible department chair shall have authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the Medical Center at the time of such suspension.

### SECTION 3. AUTOMATIC SUSPENSION

#### A. General:

In the circumstances described in Sections 3 (B), 3 (C), 3 (D), and 3 (E), a practitioner's Association membership and/or clinical privileges shall be terminated, suspended, or limited, as described, which action shall be final and shall not be subject to a hearing or appellate review under Article VII, except where a dispute exists as to whether the circumstances have occurred.

#### B. License:

1. Revocation or Expiration: Whenever a practitioner's license authorizing him/her to practice in this State is revoked or has expired, his/her Association membership and clinical privileges shall be immediately and automatically terminated.
2. Restriction: Whenever a practitioner's license authorizing him/her to practice in this State is limited or restricted by the applicable licensing authority, those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.
3. Suspension: Whenever a practitioner's license authorizing him/her to practice in this State is suspended by the applicable licensing authority, his/her Association membership and clinical privileges shall be automatically suspended effective upon and for at least the term of the suspension.
4. Probation: Whenever a practitioner is placed on probation by the applicable licensing authority, his/her applicable Association membership status and clinical privileges shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.

#### C. Drug Enforcement Administration Certificate:

1. Revocation or Expiration: Whenever a practitioner's Drug Enforcement Administration (DEA) certificate is revoked or has expired, he/she shall immediately and automatically be divested of his/her right to prescribe medications covered by the certificate.
2. Restriction: Whenever a practitioner's Drug Enforcement Administration certificate is limited or restricted, his/her right to prescribe medications within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.
3. Suspension: Whenever a practitioner's DEA certificate is

suspended, he/she shall automatically be divested, at a minimum, of his/her right to prescribe medications covered by the certificate effective upon and for at least the term of the suspension.

4. Probation: Whenever a practitioner's DEA certificate is subject to an order of probation, his/her right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.

- D. Exclusion from participation in the Medicare, Medicaid and Federal health care programs:

Whenever a practitioner is excluded from participation in the Medicare, Medicaid, and all Federal health care programs, his/her Association membership and clinical privileges shall be immediately and automatically terminated.

- E. Insurance:

For any failure to maintain the programs of insurance as described in Article XIV, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Chief Medical Officer that he/she has secured such programs of insurance in the amounts required. Any failure to provide such evidence within three (3) months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Association membership.

- F. As soon as practicable after action is taken as described in Section 3 (B), Subsections 2, 3, or 4, or in Section 3 (C) of this Article VI, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee, or any other person or body authorized by these bylaws to request corrective action, may request additional corrective action based upon information disclosed or otherwise made available, and in such event, the corrective action process set forth in Section 1 of this Article VI shall be followed as to such additional corrective action. Except as to any such additional corrective action, the affected practitioner shall not be entitled to a hearing and appellate review under Article VII.

- G. Whenever a practitioner's clinical privileges are automatically suspended or restricted in whole or in part, notice of such suspension shall be given to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director,. However, the giving of such notice shall not be required in order for any automatic suspension or restriction to become effective. Upon the effective date of an automatic suspension or restriction, the Director, the Chief Medical Officer, or the responsible department chair shall have the authority to provide for alternative medical coverage for the patients of the suspended or restricted practitioner still in the Medical Center at the time of such suspension or restriction.

#### SECTION 4. EXHAUSTION OF REMEDIES

If any routine corrective action, summary suspension, or automatic suspension, as set forth in Sections 1, 2 and 3 of this Article VI, is taken or

recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

## ARTICLE VII

### HEARING AND APPELLATE REVIEW PROCEDURE

#### SECTION 1. DEFINITIONS

- A. "Body whose decision prompted the hearing" means the person who, or body which, pursuant to the Association bylaws, rules and regulations, rendered the decision which resulted in a hearing being requested.
- B. "Notice" means a written communication sent by certified or registered mail, return receipt requested.
- C. "Person who requested the hearing" means the applicant or Association member, as the case may be, who has requested a hearing pursuant to Section 2 of this Article VII.

#### SECTION 2. REQUEST FOR HEARING

- A. In all cases in which the person or body which under these bylaws has the authority to take, and pursuant to this authority has taken, any of the actions constituting grounds for hearing as set forth in Subsection B of this Section 2, the applicant or Association member, as the case may be, shall promptly be given notice. Such applicant or member shall have fifteen (15) days following the date of the receipt of such notice within which to request a hearing by the Judicial Review Committee hereinafter referred to. Such request shall be by notice to the Chief Medical Officer. In the event the applicant or member does not request a hearing within the time and in manner hereinabove set forth, he/she shall be deemed to have accepted the action involved, and it shall thereupon become effective immediately, subject to Article XVIII.
- B. Except as otherwise provided in these bylaws, any one or more of the following actions shall constitute grounds for a hearing:
  - 1. Denial of Association membership;
  - 2. Denial of requested advancement in Association membership category;
  - 3. Denial of Association reappointment;
  - 4. Demotion to lower Association membership category;
  - 5. Suspension of Association membership;
  - 6. Revocation of Association membership;
  - 7. Denial of requested privileges;
  - 8. Involuntary reduction of privileges;
  - 9. Suspension of privileges;
  - 10. Termination of privileges;

11. Requirement of consultation;
  12. Any other action which requires a report to be made to the Medical Board of California or other appropriate State licensing agency pursuant to California Business and Professions Code Section 805.
- C. Upon receipt of a request for hearing, the Chief Medical Officer shall deliver such request to the Executive Committee at its next regular or special meeting, if a special meeting is deemed necessary by the President of the Association. The Executive Committee shall, within fifteen (15) days after receipt of such request, schedule and arrange for a hearing. The date of the commencement of the hearing shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request by the Chief Medical Officer for a hearing; provided that when the request is received from a member who is under suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed fifteen (15) days from the date of receipt of the request for hearing by the Chief Medical Officer.
- D. As a part of, or together with, the notice of hearing, the Executive Committee shall state in writing, in concise language, the acts or omissions with which the applicant or Association member is charged, a list of charges by chart number under question, or the reasons for the denial of the application or request of the applicant or Association member. If either party, by notice, requests a list of witnesses, then each party within fifteen (15) days of such request shall furnish to the other a list, in writing, of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence in support of that party at the hearing.
- E. When a hearing is requested, the Executive Committee shall appoint a Judicial Review Committee which shall be composed of not less than five (5) members of the Active Staff who shall not have actively participated in the consideration of the matter involved at any previous level. Such appointment shall include designation of the chair. Knowledge of the particular matter on appeal shall not preclude a member from serving as a member of the Judicial Review Committee.
- F. Failure, without a showing of good cause by the person requesting the hearing, to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions involved which shall become final and effective immediately, subject to Article XVIII.
- G. Postponements and extensions of time beyond the time expressly permitted in these bylaws may be requested by anyone but shall be permitted by the Judicial Review Committee or its chair acting upon its behalf only on a showing of good cause.
- H. Within fifteen (15) days after final adjournment of the hearing [provided that in the event the member is currently under suspension, this time shall be ten (10) days], the Judicial Review Committee shall render a decision which shall be accompanied by a report in writing to the body whose decision prompted the hearing, to the Executive Committee, and to the chair of the involved department. The decision of the Judicial Review Committee shall be to affirm, modify, or reverse the decision of the body whose decision prompted the hearing. In all cases, a copy of such

decision and report shall be forwarded to the Director. The report shall contain a concise statement of the reasons justifying the decision made. At the same time, a copy of the decision and report shall be delivered to the person who requested the hearing by registered or certified mail, return receipt requested.

- I. The decision of the Judicial Review Committee shall be considered final, subject only to the right of appeal as provided in Section 4 of this Article VII.
- J. No person who requested the hearing shall be entitled to more than one (1) hearing on any single matter which may be the subject of a hearing.

### SECTION 3. HEARING PROCEDURE

- A. Under no circumstances shall the hearing be conducted without the personal presence of the person requesting the hearing unless he/she has waived such appearance in writing or has failed without good cause to appear after appropriate notice.
- B. The hearings provided for in these bylaws are for the purpose of intraprofessional resolution of matters bearing on conduct or professional competency. Accordingly, neither the person requesting the hearing, the Executive Committee, nor the Director shall be represented in any phase of the hearing or appeals procedure by an attorney at law unless the Judicial Review Committee, in its sole discretion, permits both sides to be represented by legal counsel. The person requesting the hearing shall be entitled to be accompanied by and represented at the hearing only by a physician, dentist, podiatrist, or clinical psychologist who is licensed to practice in the State of California, who is not an attorney at law, and who, preferably, is a member in good standing of the Association. The body whose decision prompted the hearing may appoint a representative from the attending staff who shall present its decision and the materials in support thereof and examine witnesses.
- C. The presiding officer at the hearing shall be the hearing officer or, if none has been appointed in accordance with Subsection d of this Section 3, the chair of the Judicial Review Committee. The presiding officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard, to present all oral and documentary evidence, and that decorum is maintained. He/she shall be entitled to determine the order of procedure during the hearing. He/she shall have the authority and discretion, in accordance with these bylaws, to make all rulings on questions which pertain to matters of the law and to the admissibility of evidence.
- D. At the request of the person who requested the hearing, the Executive Committee, the Judicial Review Committee or the Director, on his/her own request, the Director may appoint a hearing officer, who may be an attorney at law, qualified to preside at the hearing. Such hearing officer may be legal counsel to Los Angeles County, provided that he/she acts during the hearing in accordance with this Article VII. He/she must not act as a prosecuting officer or as an advocate for the Medical Center, the Director, the Executive Committee, or the body whose decision prompted the hearing. If requested by the Judicial Review Committee, he/she may participate in the deliberations of such body and be a legal advisor to it, but he/she shall not be entitled to vote.

- E. The Judicial Review Committee shall maintain a record of the hearing by one of the following methods: by a certified shorthand or stenographic reporter present to make a record of the hearing or by a recording of the proceedings. The cost of any certified shorthand or stenographic reporter and any transcript shall be borne by the party requesting same. The Judicial Review Committee may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of California.
- F. At a hearing, both sides shall have the following rights: to ask Judicial Review Committee members questions which are directly related to determining whether they are impermissibly biased and to challenge such members, to call and examine witnesses, to introduce exhibits or other documents, to cross-examine any witness on any matter relevant to the issues, to impeach any witness, and to rebut any evidence. If the applicant or Association member does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination. Any challenge to one or more members of the Judicial Review Committee shall be resolved by the Committee prior to continuation of the hearing.
- G. The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the presiding officer if it is the sort of evidence on which responsible persons are accustomed to rely on in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Judicial Review Committee may request such a memorandum to be filed following the close of the hearing. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems it appropriate.
- H. The presiding officer shall have the discretion to take official notice of any matters, whether technical or scientific, relating to the issues under consideration which could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed, and they shall be noted in the record of the hearing. The person requesting the hearing shall have the opportunity to request that a matter be officially noticed or to refute the noticed matters by evidence or by written or oral presentation of authority. Reasonable additional time, not to exceed thirty (30) days, shall be granted, if requested, to present written rebuttal of any evidence submitted on official notice.
- I. The decision of the Judicial Review Committee shall be based on the evidence produced at the hearing. This evidence may consist of the following:
1. Oral testimony of witnesses;
  2. Briefs or memoranda of points and authorities presented in connection with the hearing;
  3. Any materials contained in the Medical Center or Association personnel files regarding the person who requested the hearing, which have been made a part of the

- hearing record;
4. Any and all applications, references, medical records and other documents, which have been made a part of the hearing record;
  5. All officially noticed matters; and
  6. Any other admissible evidence.
- J. Except as otherwise required by law, at any hearing involving any of the grounds for hearing specified in Section 2, Subsection B, points I, ii, iii or vii of this Article VII, it shall be incumbent on the person who requested the hearing to initially come forward with evidence in support of his/her position. In all other cases specified in Section 2, Subsection B of this Article VII, it shall be incumbent on the body whose decision prompted the hearing to initially come forward with evidence to support its decision. Thereafter, the burden shall shift to the person who requested the hearing to come forward with evidence in his/her support. In all cases in which a hearing is conducted under this Article VII, after all the evidence has been submitted by both sides, the Judicial Review Committee shall rule against the person who requested the hearing unless it finds that such person has proven, by a preponderance of the evidence, that the action of the body whose decision prompted the hearing was arbitrary, unreasonable, not supported by the evidence, or otherwise unfounded.
- K. The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, outside of the presence of any other person, conduct its deliberations and render a decision and accompanying report, in the manner and within the time as provided in Section 2, Subsection H of this Article VII.

#### SECTION 4. APPEAL TO DIRECTOR

- A. Within fifteen (15) days after receipt of the decision of the Judicial Review Committee, either the person who requested the hearing or the body whose decision prompted the hearing may request an appellate review by the Director. Such request shall be to the Director, in writing, and shall be delivered either in person or by certified or registered mail, return receipt requested. If such appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved, and it shall thereupon become final and shall be effective immediately, subject to Article XVIII. The written request of appeal shall also include a brief statement of the reasons for appeal.
- B. The grounds for appeal from the hearing shall be: (1) substantial failure of any person or body to comply with the procedures required by these bylaws in the conduct of the hearings and decisions upon hearings so as to deny due process and a fair hearing, or (2) the action taken by the Judicial Review Committee was arbitrary, capricious, with prejudice, or not supported by substantial evidence.
- C. In the event of any appeal to the Director, as set forth in the preceding Subsection b, the Director shall within fifteen (15)

days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Director shall cause the applicant or member to be given notice of the time, place, and date of the appellate review. The date of the appellate review shall not be less than thirty (30) days, nor more than sixty (60) days, from the date of receipt of the request for appellate review; provided that when a request for appellate review is from a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made and not to exceed thirty (30) days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Director upon a showing of good cause.

- D. When an appellate review is requested, the Director shall appoint an Appeal Board which shall be composed of an odd number of not less than five (5) Appeal Board members, one of whom shall be designated by the Director as chair. The Chief Medical Officer and the Dean of the Professional School shall be Appeal Board members. The remaining members shall be taken from the administrative and/or attending staffs of the Medical Center, or, otherwise, at the discretion of the Director. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board.
- E. The proceedings of the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee, provided that the Appeal Board may, in its sole discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing. Each party shall have the right to present a written statement in support of his/her position on appeal, and in its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. At the conclusion of oral argument, if allowed, the Appeal Board may thereupon at a time convenient to itself conduct deliberations outside the presence of the appellant and respondent and their representatives. The Appeal Board, after its deliberations, shall recommend, in writing, that the Director affirm, modify, or reverse the decision of the Judicial Review Committee, or refer the matter back to the Judicial Review Committee for further review and recommendations.
- F. Within fifteen (15) days after receipt of the recommendations of the Appeal Board, the Director shall render a final decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified or registered mail, return receipt requested. The Director may affirm, modify or reverse the decision of the Judicial Review Committee or, in his/her sole discretion, refer the matter back to the Judicial Review Committee for further review and recommendations.
- G. Except where the matter is referred back to the Judicial Review Committee for further review and recommendation in accordance with Subsection f of this Section 4, the final decision of the Director following the appeal procedures set forth in this Section 4, shall be effective immediately and shall not be subject to further review. If the matter is referred back to the Judicial Review Committee for further review and recommendation, such Committee shall promptly conduct its review and report back to the Director within thirty (30) days except as the parties may otherwise stipulate in writing to extend such period. Within fifteen (15) days after receipt of the Judicial Review Committee's

recommendations, the Director shall render a decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee either in person or by certified or registered mail, return receipt requested. The Director may affirm, modify or reverse the decision of the Judicial Review Committee, and such decision shall be final and effective immediately and shall not be subject to further review.

- H. Except as otherwise provided in these bylaws, no applicant or Association member shall be entitled as a matter of right to more than one appeal to the Director on any single matter which may be the subject of an appeal.

#### SECTION 5. EXHAUSTION OF REMEDIES

If any action described in Subsection B of Section 2 of this Article VII is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

### ARTICLE VIII

#### DEPARTMENTS AND DIVISIONS

##### SECTION 1. ORGANIZATION OF THE ASSOCIATION

- A. The Chief Medical Officer shall be responsible for the functioning of the clinical organization of the Medical Center and shall keep or cause to be kept a careful supervision over all the clinical work done in the Medical Center.
- B. The Association shall be organized into departments, which are reflective of the scope of services provided within the Medical Center. Each department shall have a chair who is supervised by the Chief Medical Officer and who shall be responsible for the overall supervision of the clinical, educational and research activities within his/her department. The departments may have one or more divisions. Each division shall be organized as a specialty within a department, shall be directly responsible to the department within which it functions, and shall have a division chief who is selected and has the authority, duties and responsibilities as specified in this Article VIII.

##### SECTION 2. CURRENT DEPARTMENTS AND DIVISIONS

- A. The current departments and divisions are:
  - 1. Department of Anesthesiology
  - 2. Department of Oral and Maxillofacial Surgery
  - 3. Department of Emergency Medicine
  - 4. Department of Family Medicine
  - 5. Department of Internal Medicine
    - (A) Division of General Internal Medicine
    - (B) Division of Cardiology
    - (C) Division of Gastroenterology
    - (D) Division of Infectious Diseases
    - (E) Division of Pulmonary and Thoracic Diseases
    - (F) Division of Nephrology and Hypertension
    - (G) Division of Endocrinology and Metabolic Diseases

- (H) Division of Hematology and Oncology
- (I) Division of Dermatology
- (J) Division of Geriatrics and Gerontology
- 6. Department of Neuroscience
  - (A) Division of Neurology
  - (B) Division of Neurosurgery
- 7. Department of Obstetrics, Gynecology and Women's Health
- 8. Department of Ophthalmology
- 9. Department of Orthopedics
- 10. Department of Otolaryngology and Head and Neck Surgery
  - (A) Division of Communicative Disorders
  - (B) Division of Otology and Otoneurology
  - (C) Division of Head and Neck Oncology
  - (D) Division of Research
- 11. Department of Pathology
- 12. Department of Pediatrics
- 13. Department of Psychiatry
- 14. Department of Radiology
- 15. Department of Surgery
  - (A) Division of General Surgery
  - (B) Division of Thoracic Surgery
  - (C) Division of Plastic Surgery
  - (D) Division of Urology

B. CHANGES IN DEPARTMENTS AND DIVISIONS

Subject to the approval of the Director acting as the delegate of the Governing Body, the organization of the Association, as set forth in this Section 2, may be changed from time to time by the Executive Committee with the advice of Medical Center Administration. Prior to taking action regarding any proposed change, the Executive Committee shall seek approval of the change at any annual or special Association meeting before the change becomes effective. Following Executive Committee action, such change shall be effective as a change to these bylaws, only upon approval by the Director, which approval shall not be withheld unreasonably. The President shall notify all members of the Association of any approved change. Notwithstanding the above, it shall be exclusively within the control and discretion of the Director and the Governing Body to establish the scope and venue of services provided within the Medical Center, including, but not limited to, the creation, elimination, consolidation or modification of specific departments of the Medical Center.

SECTION 3. ASSIGNMENT TO DEPARTMENTS AND DIVISIONS

Each practitioner shall be assigned membership in at least one department and division, if appropriate, but may be granted membership and/or clinical privileges in one or more other departments or divisions. The exercise of privileges within each department shall be subject to the rules and

regulations therein and to the authority of the department chair and division chief.

#### SECTION 4. FUNCTIONS OF DEPARTMENTS

- A. The department chairs shall serve as liaison between the departments and the Chief Medical Officer and shall also serve to coordinate the functions of the departments under their jurisdiction.
- B. Each department shall establish its own criteria, consistent with the policies of the Medical Center and the Association, for the granting and monitoring of clinical privileges in the department and reappointment to the Association, and such criteria must be approved by the Executive Committee.
- C. Each department shall propose, through its chair, rules and regulations for the department that will apply in practice the general principles set forth in these bylaws.
- D. Departments shall meet at least monthly to review and analyze on a peer group basis the ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients. Each department shall submit a monthly report to the Executive Committee detailing its review and analyses of patient care.
- E. Each department shall conduct performance improvement activities as described in the Medical Center's Performance Improvement Program as approved by the Director.
- F. Each department shall establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to it.
- G. Each department shall conduct or participate in, and make recommendations regarding the need for, continuing education programs pertinent to changes in the state-of-the-art and to findings of review, evaluation and monitoring activities.

#### SECTION 5. FUNCTIONS OF DIVISIONS

Each division shall, upon the approval of the Executive Committee, the Dean and the Director, perform the functions assigned to it by its department chair. Such functions may include, without limitation, retrospective patient care audit, the continuous monitoring of patient care practices, credentials review and privileges delineation, and continuing education programs. The division shall transmit regular reports to the department chair on the conduct of its assigned functions.

#### SECTION 6. RESPONSIBILITIES OF DEPARTMENT CHAIRS AND DIVISION CHIEFS

- A. Each department chair shall be responsible for the following:
  - 1. All clinical related activities in the department.
  - 2. All administrative related activities of the department unless otherwise provided by the Medical Center.
  - 3. The integration of the department into the primary functions of the Association.

4. The coordination and integration of interdepartmental and intradepartmental services.
5. The development and implementation of policies and procedures that guide and support the provision of services.
6. The recommendations for a sufficient number of qualified and competent persons to provide care/services.
7. Continuing surveillance of the professional performance of all persons in the department who have delineated clinical privileges in the department.
8. Recommending to the Executive Committee the criteria for clinical privileges that are relevant to the services provided in the department.
9. Recommending clinical privileges for each applicant and member of the department.
10. The determination of the qualifications and competence of departmental personnel who are not licensed independent practitioners.
11. The continuous assessment and improvement of the quality of care and services provided.
12. The maintenance of quality control programs, as appropriate.
13. The orientation and continuing education of all persons in the department.
14. Recommendations for space and other resources needed by the department.
15. Assessing and recommending to the relevant Medical Center authority off-site sources for needed patient care services not provided by the department or the Medical Center.
16. Assuring the departmental activities are considered for inclusion in the Medical Center's performance improvement program.
17. Performing such other duties as may from time to time be reasonably requested of him/her by the President of the Association, the Chief Medical Officer, the Executive Committee, the Chief Medical Officer of Health Services, or the Director.

B. Each department chair shall be a member of the Executive Committee.

C. Each division chief shall be responsible for all professional, administrative and educational activities delegated to him/her within his/her division by the chair of his/her department.

#### SECTION 7. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS AND DIVISION CHIEFS

The department chairs and division chiefs shall all be members of the Active Staff who are qualified by training, experience and demonstrated abilities to

be the chair of the particular department or chief of the particular division and shall be willing and able to discharge the functions of chair of the particular department or chief of the particular division. They shall be board certified in a specialty or subspecialty of the particular department or particular division or be able to establish, through the privilege delineation process, that they possess comparable competence. They shall be appointed by the Director, upon the recommendation of the Chief Medical Officer. Each department chair and division chief shall serve until his/her successor is appointed, unless he/she shall sooner resign or be removed. Removal of a department chair or division chief shall be effected by the Director acting either on his/her own initiative following consultation with the Chief Medical Officer and the President, or on the recommendation of the Chief Medical Officer or the Executive Committee.

## ARTICLE IX

### OFFICERS

#### SECTION 1. OFFICERS OF THE ASSOCIATION

##### A. OFFICERS OF THE ASSOCIATION

The elected officers of the Association shall be:

1. President
2. President-elect
3. Secretary/Treasurer

- B. The Chief Medical Officer shall be an ex-officio officer of the Association serving as the Secretary and shall also be a voting member.

#### SECTION 2. QUALIFICATIONS

Elected officers must be members of the Active Staff at the time of nomination and election and must remain Active Staff members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

#### SECTION 3. ELECTION

- A. The President-elect shall be elected for a one (1) year term at the annual Association meeting. Only Active Staff members of the Association shall be eligible to vote. Election shall be by simple majority of the votes cast.
- B. The voting shall be by written ballot. In the event that there are three (3) or more candidates for office and no candidate receives a majority, there shall be successive balloting such that the name of the candidate receiving fewest votes is omitted from each successive slate until a simple majority vote is obtained by one (1) candidate. If two (2) candidates have the same number of least votes, both shall be omitted from the successive slate.
- C. The nominating committee shall consist of five (5) members of the Association including the immediate past-president of the Association and four (4) from the Active Staff, appointed by the President of the Association at least two (2) months prior to the

date of the annual meeting. This committee shall offer one or more nominees for the office of President-elect. The report of this committee shall be appended to the announcement calling for the annual Association meeting.

- D. Nominations may also be made by petition signed by at least ten (10) members of the Active Staff, accompanied by written consent of the nominee(s) and filed with the Secretary at least ten (10) days prior to the annual meeting. In this event, the Secretary shall promptly advise the membership of the additional nomination(s) by mail.

#### SECTION 4. TERM OF OFFICE

Each elected officer shall serve a one (1) year term or until a successor is elected. The President-elect shall serve a one (1) year term, at the conclusion of which he/she shall become President. Officers shall take office on the first day of the Association Year following the election of the President-elect.

#### SECTION 5. REMOVAL OF ELECTED AND EX-OFFICIO OFFICERS

Except as otherwise provided, removal of an officer may be effected by the Executive Committee acting upon its own initiative or by a two-thirds vote of the members eligible to vote for officers. Removal of an elected officer may be based only upon failure to meet qualifications, as described in Section 2 of this Article IX, or failure to perform the duties of the elected office as described in these bylaws. Removal of an ex-officio officer shall be effected by the Director acting on his/her own initiative.

#### SECTION 6. VACANCIES IN OFFICE

Vacancies in office, other than that of President, shall be filled by the Executive Committee. If there is a vacancy in the office of President, the President-elect shall serve out the remaining term, and shall continue for the term for which he/she was elected.

#### SECTION 7. DUTIES OF OFFICERS

##### A. PRESIDENT: The President shall:

1. Act in coordination and cooperation with the Director, the Chief Medical Officer of Health Services, the Chief Executive Officer, the Chief Medical Officer, and the Dean and the department chairs of the Professional School in all matters of mutual concern within the Medical Center.
2. Preside at all meetings of the Association.
3. Serve as chair of the Executive Committee.
4. Serve as ex officio member of all other Association committees.
5. Be responsible, in conjunction with the Chief Medical Officer, for the enforcement of the Association bylaws, rules and regulations, and for the Association's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
6. Appoint, in consultation with the Chief Medical Officer and with approval of the Executive Committee, committee members and officers to all standing Association committees as listed

in Article X except as otherwise provided in Article X.

7. Represent the views, policies, needs and grievances of the Association to the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Chief Medical Officer.
8. Be spokesman for the Association.
9. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.

B. PRESIDENT-ELECT

The President-Elect, in the absence of the President, he/she shall assume all duties and authority of the President. He/she shall be the vice-chair of the Executive Committee and shall perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, or by the Director.

C. SECRETARY/TREASURER: The Secretary/Treasurer shall:

1. Keep accurate and complete minutes of all Association meetings and perform other secretarial functions.
2. Coordinate the cooperative efforts of the President, the Chief Executive Officer, and the Dean of the Professional School in all matters of mutual concern within the Medical Center.
3. Receive and interpret the policies of the Governing Body and the Director to the Association, and report to the Governing Body and the Director, through the Chief Executive Officer and the Chief Medical Officer of Health Services, on the performance and maintenance of quality with respect to the health care provided in the Medical Center.
4. Attend to all procedures regarding application for membership in the Association as detailed in these bylaws.
5. Serve as secretary of the Executive Committee and implement its recommendations and suggest items for its consideration.
6. Refer appropriate items to the various other committees of the Association.
7. With concurrence of the President, call and be responsible for the agenda of all meetings of the Association.
8. Serve as an ex officio member of all committees of the Association.
9. Coordinate the educational activities of the Association with the Professional School.
10. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.

ARTICLE X

## COMMITTEES

### SECTION 1. GENERAL PROVISIONS

There shall be an Executive Committee and such other standing and special committees as may from time to time be necessary and desirable to perform the Association functions described in these bylaws. The Executive Committee may by resolution establish a committee to perform one or more of the required Association functions.

The committees described in this Article X shall be the standing committees of the Association. Unless otherwise specified, the members of such committees and the chair thereof shall be appointed by the President subject to approval by the Executive Committee. Chairs of the committees must be Association members in good standing. Such committees shall be responsible to the Executive Committee.

Unless otherwise specified, each committee chair and member shall be appointed for a term of one (1) year and shall serve until the end of this period or until a successor is appointed, whichever occurs later, unless he/she sooner resigns or is removed.

Any committee member, including the chair but not including a committee member serving ex-officio, may be removed by a majority vote of the Executive Committee.

Unless otherwise specified, any vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made.

Whenever these bylaws require that a function be performed by, or that a report or recommendation be submitted to a named committee but no such committee exists, the Executive Committee shall perform such function or receive such report or recommendation or shall assign the functions of such committee to a new or existing committee of the Association or to the Association as a whole.

### SECTION 2. EXECUTIVE COMMITTEE

#### A. COMPOSITION

The Executive Committee shall consist of the following members:

1. The elected and ex-officio officers of the Association as described in Article IX, Section 1;
2. Immediate past President;
3. Department chairs.
4. Other members of the Active Staff may be appointed to the Executive Committee by majority vote of the members of the Executive Committee.
5. The Chief Executive Officer, Dean of the Professional School and Chief Nursing Officer are ex-officio, non-voting members. The President, President-elect and Secretary of the Association shall serve as chair, vice chair and secretary, respectively, of the Executive Committee.

#### B. DUTIES

1. Represent and act on behalf of the Association in the intervals between Association meetings, subject to such

limitations as may be imposed by these bylaws.

2. Coordinate and implement the professional and organizational activities and policies of the Association.
3. Coordinate the activities and general policies of the various departments and divisions.
4. Receive and act upon reports and recommendations from Association committees, departments, and divisions, and from special staff reports.
5. Provide a formal liaison among the Association, the Chief Executive Officer, and, through the Director, the Governing Body.
6. Recommend action to the Chief Medical Officer, Chief Executive Officer, and Governing Body, through the Director, on matters of medical-administrative nature.
7. Fulfill the Association's accountability to the Governing Body for the health care rendered to patients in the Medical Center and make recommendations to the Governing Body regarding sufficient resources for the attending staff to render quality health care.
8. Assist in obtaining and maintaining licensing and accreditation status for the Medical Center.
9. Take reasonable steps to develop continuing education activities and programs for the Association.
10. Review the credentials, performance, and professional competence, character and other qualifications of all applicants and make recommendations to the Director for Association membership appointments and reappointments, assignments to departments, and delineation of clinical privileges, and corrective action.
11. Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Association, including the initiation and recommendation of and/or participation in Association corrective or review measures when warranted.
12. Assess and make recommendations regarding the selection of contracted health services and the evaluation of such services through Department of Health Services' monitoring activities.
13. Report at the annual meeting of the Association.
14. Oversee the peer review process.
15. Annually review, evaluate and recommend approval of the Medical Center wide Performance Improvement Plan.

C. MEETINGS

The Executive Committee shall meet at least ten (10) months per year, shall maintain a permanent record of its proceedings and actions, and shall submit a report during at least ten (10) months per year to the Director on its activities.

### SECTION 3. CREDENTIALS COMMITTEE

#### A. COMPOSITION

The Credentials Committee shall consist of three to five (3-5) members of the Active Staff.

#### B. DUTIES

1. Review all information available including the qualifications and credentials of all applicants for appointment or reappointment and make recommendations for Association membership appointment and reappointments, assignments to departments, and delineation of clinical privileges in accordance with Articles IV and V.
2. Make reports to the Executive Committee, in accordance with Articles IV and V, on each applicant for Association membership or clinical privileges, including specific consideration of the recommendation(s) from the department(s) in which such applicant has requested privileges.

#### C. MEETINGS

The Credentials Committee shall meet at least ten (10) months per year, shall maintain a permanent record of its proceedings and actions, and shall submit a report during at least ten (10) months per year to the Executive Committee on its activities.

### SECTION 4. PHYSICIAN PERFORMANCE IMPROVEMENT COMMITTEE

#### A. COMPOSITION

The membership of the Physician Performance Improvement Committee shall be composed of five to seven (5-7) members of the Active Staff, PSA President-elect, the Chief Medical Officer, the Associate Medical Director for Utilization Management & Clinical Programs, and the Director of Quality Management/Performance Improvement. Representatives from other Medical Center departments shall be required to attend Committee meetings when requested by the Committee.

#### B. DUTIES

1. Establish systems to identify potential problems in the physician component of patient care.
2. Refer priority problems for assessment and corrective action to appropriate departments or committees.
3. Review, evaluate and approve departmental and committee plans for monitoring, evaluating and improving patient care.
4. Receive reports at least quarterly from each department on its performance improvement throughout the Medical Center.
5. Coordinate and monitor results of performance improvement activities relating to physician performance.
6. Assist the Association and the Medical Center to meet Joint Commission on Accreditation of Healthcare Organizations and other applicable requirements relating to performance

improvement.

7. Report relevant findings and results of performance improvement activity to the Executive Committee and Governing Body.
8. Provide oversight for peer review activities at the Department level.

C. MEETINGS

The Committee shall meet at least monthly, with a minimum of 10 meetings per year; shall maintain a permanent written record of its proceedings and actions, and shall submit a monthly report to the Executive Committee on its activities.

SECTION 5. UTILIZATION MANAGEMENT COMMITTEE

A. COMPOSITION

The Utilization Management Committee shall consist of three to five (3-5) members of the Active Staff, the Utilization Management Director, and one (1) representative from each of the following: medical social services, nursing service, medical records department, Medical Center hospital administration, Medical Center medical administration, and Medical Center fiscal administration.

B. DUTIES

1. Provides support in evaluation of appropriateness of services and length of stay, and reviews reports related to the utilization of hospital resources.
2. Trend data and make recommendations for extended stay cases.

C. MEETINGS

The Utilization Management Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.

SECTION 6. MEDICAL RECORDS COMMITTEE

A. COMPOSITION

The Medical Records Committee shall consist of at least three (3) representatives from the Association, the Director of the Medical Records Department, and one (1) each from the nursing service and medical social services.

B. DUTIES

1. Review and evaluate medical records, or a representative sample, to determine whether the medical records:
  - (A) Properly describe the condition and diagnosis, the progress of the patient during hospitalization and at the time of discharge, the treatment and tests provided, the results thereof, and the adequate identification of individuals responsible for orders given and treatment

and tests rendered.

(B) Are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the Medical Center.

2. Review and make recommendations for Association and Medical Center policies, rules and regulations relating to medical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and methods of enforcement.
3. Provide liaison with Medical Center Administration and the medical records professionals on matters relating to medical records practices.
4. Assure that the Medical Center meets the Joint Commission on Accreditation of Healthcare Organizations' requirements related to medical records.
5. Review and approve all Medical Center policies and regulations relating to medical records as well as new forms, prior to their institution in the medical record.
6. Conduct in-depth surveys of all medical service records.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.

SECTION 7. PHARMACY AND THERAPEUTICS COMMITTEE

A. COMPOSITION

The Pharmacy and Therapeutics Committee shall consist of at least five (5) physician representatives and at least one (1) representative from each of the following: nursing service and pharmacy service.

B. DUTIES

1. Develop policies and procedures related to medication use and practices within the Medical Center in order to maximize therapeutic outcomes and minimize preventable and non-preventable medication events.
2. Approve policies and procedures regarding the procurement, prescribing, dispensing, administration, monitoring and all other aspects of medication use throughout the Medical Center.
3. Review and approve all requests for formulary changes, considering efficacy, patient safety, and cost.
4. Approve all unit stock and automated cabinet medication stock lists throughout the Medical Center.
5. Collaborate with the Institutional Review Board appointed by the Medical Center in the review of research protocols

involving medication which are conducted at the Medical Center.

6. Review the formulary via therapeutic class review, ensuring of each class at least once every 36 months.
7. Approve all medication protocols, clinical pathways, order sets, and preprinted order forms.
8. Approve criteria for medication use evaluations and review outcomes of medication usage evaluation data. Approve recommendations for change in practice, if deemed appropriate to maximize patient safety and outcomes.
9. Review all preventable and non-preventable medication events.
10. Identify and recommend actions effectively to eliminate or substantially reduce medication-related errors, as part of an ongoing patient safety program.
11. Appoint additional improvement teams as may be desirable.

C. MEETINGS

The Committee shall meet at least monthly, with a minimum of 10 meetings per year; shall maintain a permanent written record of its proceedings and actions, and shall submit a monthly report to the Executive Committee on its activities.

SECTION 8. INFECTIOUS DISEASE CONTROL AND PREVENTION COMMITTEE

A. COMPOSITION

The Infectious Disease Control and Prevention Committee shall consist of one (1) representative from the Department of Medicine, at least one (1) representative from nursing service, housekeeping, pharmacy services, and Medical Center Administration; and such other representatives as designated by the Executive Committee.

B. DUTIES

1. Develop a Medical Center-wide infection control program which maintains infection control surveillance and monitors its effectiveness.
2. Develop a system for reporting, identifying, review and analysis of the incidence and cause of nosocomial infections.
3. Develop a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing, and evaluating aseptic, isolation and sanitation techniques.
4. Establish, maintain, update, and monitor the effectiveness of written infection control policies and procedures.
5. Supervise the infection control program in all phases of the Medical Center's activities, including but not limited to:

- (A) Sterilization and disinfection procedures.
- (B) Isolation and precaution procedures.
- (C) Adherence to governmental regulations and guidelines and licensing and accreditation requirements.
- (D) Handling and disposal of biohazardous material.
- (E) Reviewing sensitivities of microbiologic organisms specific to the Medical Center and coordinating action on findings with the Pharmacy and Therapeutics Committee.
- (F) Working collaboratively with the employee health and safety personnel on infection control matters.
- (G) Acting upon recommendations related to infection control received from the Executive Committee, Chief Medical Officer, Medical Center Administration, departments and other committees.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.

SECTION 9. OPERATIVE AND INVASIVE PROCEDURES COMMITTEE

A. COMPOSITION

The Operative and Invasive Procedures Committee shall consist of three to five (3-5) members of the Association, one (1) of whom shall be the chair of the Department of Pathology or his/her designee.

B. DUTIES

1. Evaluate the agreement or disagreement between the preoperative and post-operative diagnosis and reports by the pathologists on tissues removed at operation.
2. Review the indications for surgery in all cases in which there is a major discrepancy between the pre-operative and post-operative (including pathologic) diagnosis.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.

SECTION 10. BLOOD USAGE REVIEW COMMITTEE

A. COMPOSITION

The Blood Usage Review Committee shall consist of three to five (3-5) members of the Active staff; one (1) member from nursing service; the Director of the Blood Bank, and such other members as from time to time may be required. The chair of the Committee shall be the Director of the Blood Bank.

B. DUTIES

The Committee shall provide support in the evaluation of the appropriateness of blood and blood product usage, and reviews reports related to the utilization of blood and blood products and may establish criteria for utilization of blood components as recommended by appropriate department chairs and for compliance with the criteria. The Committee shall also conduct periodic reviews of the records of all transfusion reactions, blood utilization, and to make recommendations regarding specific improvements in transfusion services and policies.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent records of its proceedings and actions, and shall submit a quarterly report to the Executive Committee of its activities.

SECTION 11. WELL BEING OF PRACTITIONERS COMMITTEE

A. COMPOSITION

The Well-Being of Practitioners Committee shall consist of three to five (3-5) members of the Active Staff.

B. DUTIES

The Well-Being of Practitioners Committee shall recommend policies and procedures for recognizing practitioners who have problems with substance abuse and/or physical or mental illness which may impair their ability to practice safely and effectively, and for assisting such practitioners to obtain necessary rehabilitation services.

The Committee may receive reports related to the health, well-being, or impairment, including, but not limited to, substance abuse and physical or mental illness, of Association members and, as it deems appropriate, may investigate such reports and evaluate compliance by a practitioner with a mutually agreed monitoring agreement. These activities are separate from any attending staff corrective action functions. The Committee may, on a voluntary basis, provide such advice, counseling, or referrals to Association members as may seem appropriate. Such activities shall be confidential; however, in the event that any information received by the Committee clearly demonstrates that the health or known impairment of an Association member may pose an unreasonable risk of harm to patients, that information shall be referred to the Executive Committee, and the Chief Medical Officer for corrective action pursuant to Article VI.

C. MEETINGS

The Committee shall meet on an as needed basis, but no less than quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.

SECTION 12. BYLAWS AND RULES AND REGULATIONS COMMITTEE

A. COMPOSITION

The Committee shall consist of at least three (3) members of the

Association and at least one (1) representative from Medical Center Administration.

B. DUTIES

The Committee shall review the bylaws and rules and regulations of the Association to recommend any amendments as needed.

C. MEETINGS

The Committee shall meet at least annually, shall maintain a permanent record of its proceedings, and shall submit reports on its activities to the Executive Committee as necessary.

SECTION 13. PATIENT RIGHTS AND ORGANIZATIONAL ETHICS COMMITTEE

A. COMPOSITION

The Patient Rights and Organizational Ethics Committee shall consist of three to five (3-5) members of the Active Staff, and members from, but not limited to, the following disciplines: nursing, social work, Medical Center Administration, and clergy. Members shall be employees or volunteers of the Medical Center.

B. DUTIES

1. Help assure there is appropriate consideration of ethical issues which may be associated with decisions relating to patient care.
2. Help advise Medical Center staff concerning ethical issues which may be associated with decisions relating to patient care.
3. Review and advise concerning ethical issues referred to the Committee by other Association committees, Medical Center staff, or other involved parties.
4. Offer consultation to all Medical Center departments. In this function, the Committee shall serve as an advisory group but will not make specific decisions related to patient care. Rather, patient care decisions will be made by the applicable practitioner.

C. MEETINGS

The Committee shall meet on an as needed basis, but no less than annually, shall maintain a permanent record of its proceedings and actions, and shall submit an annual report to the Executive Committee on its activities.

SECTION 14. INTERDISCIPLINARY PRACTICE COMMITTEE

1. COMPOSITION

The Interdisciplinary Practice Committee shall be a multidisciplinary committee consisting of at least eight (8) members, including, at a minimum, the Chief Medical Officer or his/her designee; the Chief Nursing Officer and three (3) to five (5) members of the Association appointed by the Executive Committee and registered nurses appointed by the Chief Nursing Officer. Licensed or certified health professionals other than registered nurses who perform functions requiring standardized

procedures or clinical privileges designed for licensed or certified health professionals may be appointed by the Executive Committee as necessary.

B. DUTIES

1. Standardized Procedures

- (A) Consistent with the requirements of law and regulation, the Committee shall assist in developing and shall review standardized procedures that apply to nurses or allied health professionals, identify functions that are appropriate for standardized procedures, and review and approve standardized procedures, subject to review and approval by the Executive Committee.
- (B) Standardized procedures can only be approved after consultation with the department involved and by affirmative vote of (1) a majority of administrative members, (2) a majority of physician members, and (3) a majority of nurse members.

2. Credentialing Allied Health Professionals

- (A) The Committee shall review and recommend policies and procedures for the expanded role related to assessing, planning and directing the patient's diagnostic and therapeutic care.
- (B) The Committee shall review allied health professionals' applications and forward its recommendations and the applications on to the Credentials Committee for its recommendations. The Credentials Committee shall then forward the recommendations of the Interdisciplinary Practice Committee and its recommendations and the applications on to the Director, through the Executive Committee, for the granting and/or rescinding of privileges.
- (C) The Committee shall review on an annual basis all allied health professionals' competency and performance improvement data.
- (D) The Committee shall serve as liaison between allied health professionals and the Association.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions and shall submit at least a quarterly report on its activities to the Executive Committee.

SECTION 15. OTHER COMMITTEES

The President, in consultation with the Chief Medical Officer, may establish and appoint special or ad hoc committees when deemed necessary. The appointment of such committees shall include the following:

- A. The members of the committee and its chair.
- B. The exact charge for which the committee is formed.

- C. To whom and when the committee shall report concerning its deliberations and/or actions.
- D. The duration of service of the committee.

## ARTICLE XI

### MEETINGS

#### SECTION 1. ANNUAL ASSOCIATION MEETING

There shall be an annual meeting of the members of the Association which shall be held on the second Wednesday in February of each Association Year. The annual election of officers of the Association shall take place at this meeting.

The agenda for the annual meeting shall be:

1. Call to order.
2. Acceptance of the minutes, as amended if needed, of the last annual and all intervening special meetings.
3. Unfinished business.
4. Report from the President.
5. Report from the Chief Medical Officer.
6. New business.
7. Election of officers when required by these bylaws.
8. Discussion and recommendations for improvement of the professional work of the Medical Center.
9. Adjournment.

#### SECTION 2. QUARTERLY ASSOCIATION MEETINGS

Three (3) quarterly meetings of the Association shall be held each Association Year as follows: (1) on the second Wednesday in June; (2) on the second Wednesday in September; and (3) on the second Wednesday in December. The President shall present a report of all actions taken by the Executive Committee during the preceding quarter and other matters believed to be of interest and value to the membership. The meetings shall also include, without limitation, reports of the review and evaluation of clinical work done in departments and committees, and of the performance of other Association functions, as well as other matters relevant to Association members.

#### SECTION 3. SPECIAL ASSOCIATION MEETINGS

Special meetings of the Association may be called at any time by the President, the Chief Medical Officer or the Executive Committee. The President shall call a special meeting within (30) days after receipt by him/her of a written request for same signed by at least fifteen (15) Active Staff members of the Association addressed to the President and stating the purpose for such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

The agenda at a special meeting shall be:

1. Reading of the notice calling the meeting.
2. Transaction of business for which the meeting was called.
3. Adjournment.

#### SECTION 4. COMMITTEE AND DEPARTMENT MEETINGS

##### A. REGULAR MEETINGS

Committees and departments may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required. Each department shall hold regular meetings at least monthly to review and evaluate the clinical activities of the department.

##### B. SPECIAL MEETINGS

A special meeting of any committee or department may be called by, or at the request of, the chair thereof, the President of the Association, or by one-third of the committee or department's current members but not less than two (2) members.

#### SECTION 5. NOTICE OF MEETINGS

Written or printed notice stating the place, day and hour of any Association meeting or of any regular committee or department meeting not held pursuant to resolution shall be delivered either personally or by United States mail or County mail to each person entitled to be present not less than seven (7) days nor more than twenty (20) days before the date of such meeting, except that notice of the annual Association meeting shall be delivered at least ten (10) days prior to the meeting. Notice of any special committee or department meeting may be given orally. If mailed by United States mail, the notice of any meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail, addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center. If mailed by County mail, the notice of any meeting shall be deemed delivered when deposited in the Medical Center Mail Distribution Center, addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center. Personal attendance at a meeting shall constitute a waiver of the notice of any meeting.

#### SECTION 6. QUORUM

For any Association, committee or department meeting, the presence of a minimum of fifteen percent (15%) of the voting members, shall constitute a quorum for the transaction of any business, including amendment of these bylaws.

#### SECTION 7. CONDUCT OF MEETINGS

All meetings shall be conducted according to these bylaws. When not otherwise specified, the latest edition of Robert's Rules of Order shall prevail, provided that any technical departure from such rules, as determined in the sole judgment of the presiding officer of the meeting, shall not invalidate any action taken at a meeting.

#### SECTION 8. MANNER OF ACTION

Except as otherwise specified, the action of a majority of the voting members

present and voting at any meeting at which a quorum exists shall be the action of the group. Action may be taken without a meeting by the Association or any committee or department by written notice setting forth the action so taken signed by each member entitled to vote thereat.

#### SECTION 9. MINUTES

Minutes of all meetings shall be prepared and maintained in a permanent record and shall include a record of the attendance and the vote taken on each matter. The minutes shall be signed by the presiding officer. The Association Secretary shall maintain a permanent file of the minutes of Association and committee meetings, and each department shall maintain a permanent file of the minutes of department meetings.

#### SECTION 10. ATTENDANCE REQUIREMENTS

##### A. REGULAR ATTENDANCE

Each member of the Active Staff and Provisional Staff shall be required to attend:

1. The annual Association meeting.
2. At least fifty (50) percent of all meetings of each committee and department of which he/she is a member in each Association Year.

All other Association members are encouraged to attend all Association meetings and all meetings of each committee and department of which they are members.

##### B. ABSENCE FROM MEETINGS

Any member who is compelled to be absent from any Association, committee or department meeting shall promptly provide to the regular presiding officer thereof the reason for such absence. Unless excused for good cause by such presiding officer, failure to meet the attendance requirements of Subsection A above may be grounds for any of the corrective actions specified in Article VI, and including, in addition, removal from such committee or department. Committee or department chairs shall report all such failures to the Executive Committee. Reinstatement of an Association member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

##### C. SPECIAL APPEARANCE

A member whose patient's clinical course of treatment is scheduled for discussion at a committee or department meeting shall be so notified by the committee or department chair and shall be required to attend. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the member shall so state, shall state the time and place of the meeting, shall be given by certified or registered mail, return receipt requested, at least seven (7) days prior to the meeting, and shall include a statement that his/her attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

Failure of a member to attend any meeting with respect to which he/she was given notice that attendance is mandatory, unless

excused by the Chief Medical Officer upon a showing of good cause, may result in a summary suspension of all or any portion of the member's clinical privileges. If the practitioner makes a written request for postponement, which is received by the Chief Medical Officer within five (5) days after the date of the notice and which is supported by an adequate showing that his/her absence will be unavoidable, his/her attendance and presentation may be excused and postponed by the committee or department chair, or by the Chief Medical Officer if the chair is the practitioner involved, until not later than the next regular committee or department meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

#### SECTION 11. CONFIDENTIALITY

All members and attendees shall agree, in writing, to keep the proceedings, records and activities of the Association, committees, departments, and divisions confidential.

### ARTICLE XII

#### CONFIDENTIALITY, IMMUNITY AND RELEASES

##### SECTION 1. SPECIAL DEFINITIONS

For the purpose of this Article, the following definitions shall apply:

- A. INFORMATION means records of proceedings, minutes, records, files, communications, reports, memoranda, statements, recommendations, data, and other disclosures, whether in written or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health status, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.
- B. REPRESENTATIVE means Los Angeles County and any officer, employee or agent thereof; the Association and any member, officer, department, division, service, board, or committee thereof; any other medical staff organization and any member, officer, department, division, service, board, or committee thereof; any other health care facility or organization and any officer, department, service, board or committee thereof; and any person authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- C. THIRD PARTY means any person or organization providing information to any representative.

##### SECTION 2. AUTHORIZATIONS AND CONDITIONS

By applying for, or exercising, clinical privileges or providing specified patient care services within the Medical Center, a practitioner:

- A. Authorizes representatives of the County of Los Angeles, the Medical Center, and the Association to solicit, provide and act upon any information bearing upon, or reasonably believed to bear upon, his/her professional ability and qualifications.
- B. Authorizes representatives and third parties to provide any information, including otherwise privileged or confidential information, concerning the practitioner to the Medical Center and the Association.

- C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article.
- D. Acknowledges that the provisions of this Article are express conditions to his/her application for, and acceptance of, Association membership and the continuation of such membership, and/or to his/her application and exercise of clinical privileges or provision of specified patient care services at the Medical Center.

### SECTION 3. CONFIDENTIALITY OF INFORMATION

Information with respect to any practitioner submitted, collected, prepared, or maintained by any representative for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research, as well as any other information with respect to any Association, committee or department meeting, shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a duly authorized person nor be used in any way except as provided herein or except as otherwise required by law. Dissemination of such information shall be made only where expressly required by law, pursuant to officially adopted policies of the Association, where no official policy exists, only with the express approval of the Executive Committee. Such confidentiality shall extend also to any information submitted, collected, prepared, or maintained by any practitioner or any third party. This information shall not become part of any particular patient's file or of the general Medical Center records.

Inasmuch as effective peer review, the consideration of qualifications of Association members and applicants to perform specific procedures, and the evaluation and improvement of the quality of patient care rendered in the Medical Center, must be based on free and candid discussion, any breach of confidentiality of the discussions or deliberations of the Association, departments, divisions, or committees, except in conjunction with any other medical staff organization or health care facility or organization or any licensing authority, is outside appropriate standards of conduct for the Association and shall be deemed disruptive to the operations of the Association and the Medical Center. If it is determined that such a breach has occurred or is likely to occur, the Medical Center or the Executive Committee may undertake such corrective action as deemed appropriate.

It shall be the responsibility of each practitioner to obtain the release of any information requested by the Association or the Medical Center. Notwithstanding any other provision of these bylaws, the Association, the Medical Center, and the County of Los Angeles, and their officers, employees and agents shall, to the fullest extent permitted by law, be entitled to utilize any information submitted, collected, prepared, or maintained by any practitioner, representative, or third party, in defense of any suit or claim brought against any or all of them relating to any act or omission of any practitioner.

### SECTION 4. IMMUNITY FROM LIABILITY

#### A. FOR ACTION TAKEN

Each representative of the County of Los Angeles, the Medical Center or the Association, and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief for any action taken or statements or recommendations made within the scope of his/her duties.

B. FOR PROVIDING INFORMATION

Each representative of the County of Los Angeles, the Medical Center or the Association and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief by reason of providing information to a representative of the County of Los Angeles, the Medical Center, or the Association, or to any other health care facility or organization or medical staff organization concerning any practitioner who is or has been an applicant to or member of the Association or who did or does exercise clinical privileges or provide specified patient care services at the Medical Center.

SECTION 5. ACTIVITIES AND INFORMATION COVERED

The provisions of this Article shall apply to all acts, communications, reports, recommendations, and disclosures of any kind performed or made in connection with the activities of the Medical Center or the Association or of any other health care facility or organization or medical staff organization, concerning, but not limited to:

- A. Applications for appointment, clinical privileges, or specified patient care services;
- B. Periodic reappraisals for reappointment, clinical privileges or specified patient care services;
- C. Corrective action;
- D. Hearings and appellate reviews;
- E. Performance data from the quality assessment and improvement program;
- F. Utilization reviews;
- G. Other Medical Center, Association, department, division, or committee activities related to monitoring and/or maintaining quality patient care and appropriate professional conduct; and
- H. National Practitioner Data Bank, Office of the Inspector General exclusion list, peer review organizations, Medical Board of California, and similar reports.

SECTION 6. RELEASES

Each practitioner shall, upon request of the Medical Center or the Association, execute general and specific releases in accordance with the express provisions and general intent of this Article. However, execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XIII

RULES AND REGULATIONS

SECTION 1. ASSOCIATION RULES AND REGULATIONS

Subject to the approval of the Director, the Executive Committee shall adopt, amend, or repeal, such rules and regulations of the Association as may be

necessary to implement more specifically the general principles found within these bylaws. Such rules and regulations shall not be inconsistent with these bylaws or the policies of the Medical Center. Following Executive Committee action, such rules and regulations shall become effective only upon approval by the Director, which approval shall not be withheld unreasonably. Such rules and regulations shall be reviewed, and may be revised if necessary, at least every two (2) years. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern. If significant changes are made in such rules and regulations, as determined by the Executive Committee, then the Association members and other persons with clinical privileges shall be provided with revised texts.

## SECTION 2. DEPARTMENTAL RULES AND REGULATIONS

Subject to the approval of the Executive Committee and Director, each department shall adopt, amend, or repeal its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall not be inconsistent with these bylaws, the rules and regulations of the Association, or the policies of the Medical Center. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern.

## ARTICLE XIV

### INDEMNIFICATION AND INSURANCE

#### SECTION 1. INDEMNIFICATION

Notwithstanding any other provision of these bylaws, each practitioner (other than a practitioner who (1) provides health services to a patient at the Hospital within the scope of his/her employment as a County Civil Service employee, whether classified or unclassified, (2) provides health services to a patient at the Hospital within the scope of a contract which he/she has entered into with the County and which has been approved by the Governing Body, or (3) provides health services to a patient at the Hospital within the scope of a contract which has been entered into between a non-County entity and the County and which has been approved by the Governing Body) who renders services to and bills patients in the Hospital shall indemnify, defend and hold harmless County, and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with practitioner's acts and/or omissions arising from and/or relating to the services provided to such patients by such practitioner.

#### SECTION 2. GENERAL INSURANCE REQUIREMENTS

Without limiting any such practitioner's indemnification of County, each such practitioner shall provide and maintain the programs of insurance specified in this Article XIV. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County, and such coverage shall be provided and maintained at the practitioner's own expense.

- A. Evidence of Insurance: Certificate(s) or other evidence of coverage satisfactory to County shall be delivered to the Chief Medical Officer prior to any such practitioner rendering any services to any patient at the Hospital. Such certificates or other evidence shall:

1. Specifically reference these bylaws.

2. Clearly evidence all required coverages.
  3. Contain the express condition that County is to be given written notice by mail at least thirty (30) days in advance of cancellation for all policies evidenced on the certificate of insurance.
  4. Include copies of the additional insured endorsement to the commercial general liability policy, adding the County of Los Angeles, its Special Districts, its officials, officers and employees as additional insureds for all activities arising from and/or relating to the services provided by the practitioner.
  5. Identify any deductibles or self-insured retentions for County's approval. The County retains the right to require the practitioner to reduce or eliminate such deductibles or self-insured retentions as they apply to County, or, require the practitioner to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.
- B. Insurer Financial Ratings: Insurance shall be provided by an insurance company acceptable to the County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County.
- C. Failure to Maintain Coverage: Any failure by any such practitioner to provide and maintain the required insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material violation of these bylaws and shall result in the immediate and automatic suspension of the practitioner's Association membership and clinical privileges as provided in Section 3 of Article VI. County, at its sole option, may obtain damages from the practitioner resulting from such breach.
- D. Notification of Incidents, Claims or Suits: Each such practitioner shall notify the County, or its authorized claims representative, by Department of Health Services incident report of any occurrence of disease, illness, death, injury to persons or destruction of property, or any malpractice, error, or event that is potentially compensable (e.g., any adverse event related to hospitalization or treatment, any deviation from expected outcomes). If a claim is made or suit is brought against the practitioner and/or the County, the practitioner shall immediately forward to the County, or its authorized claims representative, copies of every demand, notice, summons or other process received by him/her or his/her representative. In addition, each such practitioner shall cooperate with and assist the County, or its authorized representatives, in accordance with County and Medical Center procedures.
- E. Compensation for County Costs: In the event that any such practitioner fails to comply with any of the indemnification or insurance requirements of these bylaws, and such failure

to comply results in any costs to County, the practitioner shall pay full compensation to County for all costs incurred by County.

### SECTION 3. INSURANCE COVERAGE REQUIREMENTS

- A. General Liability insurance (written on ISO policy form CG 00 01 or its equivalent) with limits of not less than the following:

General Aggregate: \$2 million  
Products/Completed Operations Aggregate: \$1 million  
Personal and Advertising Injury: \$1 million  
Each Occurrence: \$1 million

- B. Automobile Liability insurance (written on ISO policy form CA 00 01 or its equivalent) with a limit of liability of not less than \$1 million for each accident. Such insurance shall include coverage for all "owned", "hired and "non-owned" vehicles, or coverage for "any auto."

- C. Workers' Compensation and Employers' Liability insurance providing workers' compensation benefits, as required by the Labor Code of the State of California or by any other state, and for which such practitioner is responsible. This insurance also shall include Employers' Liability coverage with limits of not less than the following:

Each Accident: \$1 million  
Disease - policy limit: \$1 million  
Disease - each employee: \$1 million

- D. Professional Liability insurance covering liability arising from any error, omission, negligent or wrongful act of the practitioner, its officers or employees with limits of not less than \$1 million per occurrence and \$3 million aggregate. The coverage also shall provide an extended two year reporting period commencing upon termination or cancellation of clinical privileges.

## ARTICLE XV

### GENERAL PROVISIONS

#### SECTION 1. CONSTRUCTION OF TERMS AND HEADINGS

Words used in these bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

#### SECTION 2. EXECUTIVE COMMITTEE ACTION

Wherever these bylaws require or authorize action by the Executive Committee, such action may be taken by a subcommittee of the Executive Committee to which the Executive Committee has delegated the responsibility and authority to act for it on the particular subject matter, activity or function involved.

#### SECTION 3. AUTHORITY TO ACT

Action of the Association in relation to any person other than the members

thereof shall be expressed only through the President of the Association or the Executive Committee, or his/her or its designee, and they shall first confer with the Chief Executive Officer. Any member who acts in the name of the Association without proper authority shall be subject to such disciplinary action as the Executive Committee or the Chief Executive Officer may deem appropriate.

#### SECTION 4. ACCEPTANCE OF PRINCIPLES

All members of whatever category, by application for membership in the Association, do agree to be bound by the provisions of these bylaws, a copy of which shall be delivered to each member or on his/her initial appointment and a copy of each amendment thereto which shall be promptly delivered after adoption. Any violation of these bylaws shall subject the applicant or member to such disciplinary action as the Executive Committee or the Administrator may deem appropriate.

### ARTICLE XVI

#### CONFLICT OF INTERESTS

Notwithstanding any other provision of these bylaws, no person who is in any way involved in an application for, or the conduct of, any medical research project which is or may be performed in whole or in part at a Los Angeles County facility shall in any way participate in the County's approval or ongoing evaluation of such project or in any way attempt unlawfully to influence the County's approval or ongoing evaluation of such project.

### ARTICLE XVII

#### FEES AND PROFITS

#### SECTION 1. GENERAL RULES

Except as otherwise provided by County contract, no member of the Association shall bill, accept, or receive any fee or gratuity for any type of service rendered to any patient under the jurisdiction of the Medical Center, except as to those patients who are designated as private patients of that member upon admission, or where that member is called as a consultant for a private patient of another member.

#### SECTION 2. DIVISION OF FEES

The practice of the division of fees under any guise whatsoever is forbidden, and any such division of fees shall be cause for exclusion from the Association.

#### SECTION 3. RESEARCH

No member of the Association shall receive any direct pecuniary gain from any patient or sources on behalf of any patient as a result of research conducted in the Medical Center.

### ARTICLE XVIII

#### AUTHORITY OF DIRECTOR OF HEALTH SERVICES

#### SECTION 1. APPROVAL

In accordance with the provisions of these bylaws, no appointment or

reappointment to membership or grant of clinical privileges shall be effective unless and until approved by the Director, and no suspension or termination (including, without limitation, any denial of reappointment, but not including any automatic suspension or termination) of the membership or all or any portion of the clinical privileges of any person shall be effective unless and until approved by the Director, provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of any person for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.

## SECTION 2. GRANT PRIVILEGES

Notwithstanding any other provision of these bylaws, the Director, in his/her sole discretion, after considering the recommendations, if any, of the Executive Committee (except that the Director shall not consider the recommendations of the Executive Committee in instances where these bylaws authorize the Director to take action without such recommendations) and in the interest of patient care, shall have the authority to grant clinical privileges as well as modify, suspend, or terminate the membership and/or all or any portion of the clinical privileges of any person in the attending staff.

## SECTION 3. CIVIL SERVICE REQUIREMENTS

Notwithstanding any other provision of these bylaws, the Director, after considering the recommendations, if any, of the Executive Committee, shall have the authority to take such action as he/she deems necessary and appropriate relative to all aspects of the membership and/or clinical privileges of any person in order to accommodate and carry out orders of the County Civil Service Commission or other Civil Service requirements.

# ARTICLE XIX

## CONFLICTS


In the event of any conflict between the provisions of these bylaws and of any County ordinance or State or Federal law or regulation, the provisions of the latter shall govern.

## ARTICLE XX

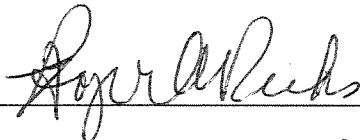
### AMENDMENT OF BYLAWS

These bylaws may be amended at any annual or special meeting of the Association, provided that notice of such business is sent to all members no later than ten (10) days before such meeting. The notice shall include the exact wording of any proposed amendment, and the time and place of the meeting. To be adopted, an amendment shall require an affirmative two-thirds vote of those present and eligible to vote, provided that a quorum exists. Amendments shall be effective only if and when approved by the Governing Body, which approval shall not be withheld unreasonably. Neither the Association nor the Governing Body may unilaterally amend these bylaws.

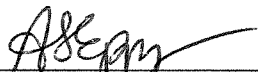
APPROVED by the Professional Staff Association on November 30, 2005.

  
\_\_\_\_\_  
Samuel Shacks, M.D.  
President - Professional Staff Association

APPROVED by the Chief Medical Officer on November 30, 2005.

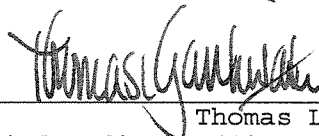
  
\_\_\_\_\_  
Roger Peek, M.D.  
Chief Medical Officer

APPROVED by the Chief Executive Officer on November 30, 2005.

  
\_\_\_\_\_  
Antonette Smith Epps  
Chief Executive Officer - Los Angeles County  
Martin Luther King, Jr./Charles R. Drew Medical Center

APPROVED by the Director and Chief Medical Officer of Health Services

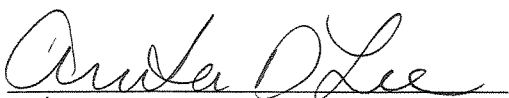
on November 30, 2005.

  
\_\_\_\_\_  
Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer of Health Services  
Los Angeles County Department of Health Services

APPROVED by the Governing Body on \_\_\_\_\_, 2005.

\_\_\_\_\_  
Gloria Molina  
Chair of the Board of Supervisors  
of Los Angeles County

APPROVED AS TO FORM:  
Raymond G. Fortner, Jr.  
Chief Deputy County Counsel

By   
\_\_\_\_\_  
Anita Lee  
Principal Deputy County Counsel